# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:**
Cigarette Restitution Fund Programs

**PROGRAM ELEMENT:**
Cancer Prevention, Education, Screening, and Treatment

**PROGRAM MISSION:**
To eliminate the greater incidence of and higher morbidity rates for cancer in minority populations, and to increase the availability of and access to health care services for uninsured individuals and medically underserved populations

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Age adjusted incidence rate of all cancers in Montgomery County (per 100,000 population) | 445 | NA | NA | TBD | TBD |
| Age adjusted mortality rate of all cancers in Montgomery County (per 100,000 population)[a] | 149.1 | 147.3 | NA | TBD | TBD |
| Percentage of low-income uninsured residents found with cancer who received treatment and follow-up | 100 | 100 | 100 | 100 | 100 |
| Percentage of medically underserved and uninsured individuals screened who are provided with access to health care services | 100 | 100 | 100 | 100 | 100 |
| **Service Quality:** | | | | | |
| Percentage of residents provided with access to standard quality cancer screening services[b] | 100 | 100 | 100 | 100 | 100 |
| Percentage of residents provided with access to standard and timely quality of care and treatment[c] | 100 | 100 | 100 | 100 | 100 |
| Percentage of individuals satisfied with the cancer screening program services | NA | 98 | 100 | 100 | 100 |
| **Efficiency:** | | | | | |
| Average cost of a cancer screening ($) | 514 | 665 | 662 | 515 | 515 |
| Average cost per client for case management and care coordination ($) | 414 | 609 | 598 | 409 | 409 |
| **Workload/Outputs:** | | | | | |
| Number of persons educated on cancer prevention and early detection through outreach efforts[d] | 21,000 | 21,500 | 18,000 | 15,000 | 15,000 |
| Number of persons referred and case managed for cancer screenings and treatment | 1,650 | 1,250 | 1,300 | 1,350 | TBD |
| **Inputs:** | | | | | |
| Expenditures ($000)[e] | 1,872 | 1,093 | 939 | 909 | 909 |
| Workyears | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 |

**Notes:**

[a]These figures constitute three-year rolling averages. Death rates per 100,000 population are calculated using deaths from the Maryland Vital Statistics Administration. Population data are from the National Center for Health Statistics Bridged-Race Vintage 2004 (July 1, 2000 - July 1, 2004). Mortality rates are age-adjusted to the 2000 standard population. Comparing 1999-2001 to 2002-2004 for all cancer rates, there has been a 3% drop in all cancer deaths. The County's 2002 rate is 24% lower than the comparable 2003 State of Maryland cancer rate of 194.3.

[b]"Standard quality cancer screening services" refers to the standard measures for screening and treatment given in the "Minimal Elements for Screening, Diagnosis and Treatment" established by the Department of Health and Mental Hygiene Cancer Medical Advisory committee.

[c]Timely cancer care and treatment refers to care and treatment received within the recommended time-frame established by the "Minimal Elements." Each cancer has a specific time-frame for cancer care and treatment follow-up, ranging from within two weeks from diagnosis to one month from diagnosis for treatment to be initiated. The time-frame depends on the stage and aggressiveness (pathology) of the cancer. Access to cancer care and treatment includes patient navigation and case management services provided to ensure that there is follow-up and care.

[d]Results are estimates, based on additional media campaign figures. Early detection corresponds to cancer(s) found in the early stages or identified at a stage that is potentially curable with appropriate cancer treatment. This is a cancer with greater than a 90% 5-year survival rate.

[e]Reflects the decreasing trend in grant funding.

**EXPLANATION:**
The Cancer Prevention, Education, Screening, and Treatment Program was established under the Cigarette Restitution Fund law to address rising cancer deaths and health disparities in Maryland. The program works with a consortium of medical providers, community hospitals, safety net clinics, and the minority health initiatives to promote awareness and seek ways to increase access to early detection and screening. The consortium, working under the umbrella of the Montgomery County Cancer Crusade, addresses breast and cervical, colorectal, prostate, oral-pharyngeal, and skin cancer awareness and outreach education. Lung cancer is addressed as part of the Tobacco Use Prevention and Cessation program. Funding is available for the screening and follow-up care coordination of eligible low-income and uninsured/underinsured residents for colorectal, prostate, and oral-pharyngeal cancers. The program submits a yearly comprehensive plan with specific goals and objectives to address cancer morbidity, mortality, and access to care. Outreach, education, and awareness efforts target the minority, low income, and medically underserved communities. Case management, patient navigation, and care coordination services are provided. The State's Department of Health and Mental Hygiene has established a cancer medical advisory group that sets the minimum standards for screening, diagnosis, treatment, and follow-up care. The program has established protocols for eligibility, case management, patient navigation, and follow-up care.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** American Cancer Society, American Lung Association, Adventist Health Care, Holy Cross Hospital, Suburban Hospital, Montgomery General Hospital, Primary Care Coalition, National Cancer Institute, University of Maryland, Johns Hopkins Medical Institutions, Montgomery County Medical Society, Montgomery County Community Partnerships, Montgomery County Public Schools, Montgomery College, African American Health Program, Latino Health Initiative, Asian American Cancer Program.

**MAJOR RELATED PLANS AND GUIDELINES:** Department of Health and Mental Hygiene Minimal Elements for Cancer Screening and Treatment, Montgomery County Comprehensive Plan for Cancer Control, Healthy People 2010 Screening Objectives.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Cigarette Restitution Fund Programs

**PROGRAM ELEMENT:** Tobacco Cessation[a]

**PROGRAM MISSION:**
To reduce the prevalence of tobacco use and to promote healthy living and smoke-free environments, thereby reducing death and illness associated with tobacco use

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy
- Young people making smart choices

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of Montgomery County adults using tobacco products[b] | 16.7 | 13.0 | 7.7 | 7.7 | 7.7 |
| Percentage of Montgomery County youth (under 18) using tobacco products[b] | 14.8 | NA | NA | TBD | TBD |
| Percentage of smokers who quit after cessation programs[c] | NA | NA | 60 | 65 | 65 |
| **Service Quality:** | | | | | |
| Percentage of smokers who remain smoke-free more than three months | NA | NA | 58 | 60 | 60 |
| **Efficiency:** | | | | | |
| Average cost per youth or adult counseled on smoking cessation ($) | 89 | 99 | 22 | 28 | 28 |
| **Workload/Outputs:** | | | | | |
| Number of adults counseled on smoking cessation | 800 | 800 | 2,010 | 1,600 | 1,600 |
| Number of adults receiving pharmacotherapy for cessation | 50 | 30 | 182 | 200 | 200 |
| Number of youth provided with smoking cessation counseling | 900 | 930 | 2,957 | 1,500 | 1,500 |
| Number of women of child-bearing age counseled on smoking cessation and adverse risks | 202 | 178 | 574 | 300 | 300 |
| Number of healthcare providers trained on clinical practice guidelines | 25 | 10 | 5 | 9 | 9 |
| **Inputs:** | | | | | |
| Expenditures ($000)[d] | 151 | 172 | 108 | 87 | 87 |
| Workyears | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 |

**Notes:**

[a]This is one of two pages that replace the single "Tobacco Use and Prevention" display of previous years.

[b]Findings on tobacco use among youth and adults are based on the Maryland Baseline Tobacco Study. The County is awaiting data from this State-sponsored study.

[c]Refers to County-funded cessation programs.

[d]Reflects the decreasing trend in grant funding.

**EXPLANATION:**
This program has implemented smoking cessation intervention strategies designed to (1) engage high risk and target populations to prevent tobacco use; (2) prevent or interrupt habituated use among risk-taking youth groups; (3) identify smokers, motivate them to quit, and provide them with structured smoking cessation counseling and behavioral techniques; and (4) identify smokers with a tobacco-related disease and motivate them to quit and prevent relapse. The program models are based on successful models including the United States Department of Health and Human Services/Public Health Services Clinical Practice Guidelines, the Mayo Clinic Tobacco Cessation Program, and the American Cancer Society. Interventions may include the "quit line" supported by the American Cancer Society and the American Legacy Foundation.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** American Cancer Society, American Lung Association, Commission on Health, Montgomery County Community Partnerships, Montgomery County Public Schools, Students Oppose Smoking, Montgomery College, African American Health Program - Oral Health Initiative, Latino Health Initiative, Department of Liquor Control, Latino Health Initiative, Korean Community Services Center.

**MAJOR RELATED PLANS AND GUIDELINES:** Centers for Disease Control's Best Practices for Comprehensive Tobacco Control Programs, Governor's Task Force to End Smoking in Maryland, Cigarette Restitution Fund Senate/House Bill 896/1425.

# HEALTH AND HUMAN SERVICES
## Public Health Services

| PROGRAM: | PROGRAM ELEMENT: |
|---|---|
| Cigarette Restitution Fund Programs | Tobacco Use Prevention[a] |

**PROGRAM MISSION:**
To reduce the prevalence of tobacco use and to promote healthy living and smoke-free environments, thereby reducing death and illness associated with tobacco use

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy
- Young people making smart choices

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Age adjusted incidence rate of lung cancer in Montgomery County | NA | NA | NA | TBD | TBD |
| Age adjusted cancer death rate in Montgomery County[b] | 32.8 | 32.2 | NA | TBD | TBD |
| Age adjusted rate of lung disease and emphysema in Montgomery County | NA | NA | NA | TBD | TBD |
| Percentage of school-age youth receiving tobacco prevention curricula in Montgomery County Public Schools in the 6th and 7th grades | 98 | 100 | 100 | 100 | 100 |
| **Service Quality:** | | | | | |
| Percentage of public schools and colleges that have enforced smoke-free environments/campuses policies[c] | 100 | 100 | 100 | 100 | 100 |
| Percentage of school-age youth who thought tobacco prevention curricula and program were helpful | 42 | [d]NA | [d]NA | 60 | 60 |
| Percentage of tobacco merchants in compliance with youth access laws | 95 | 98 | 98 | 98 | 98 |
| **Efficiency:** | | | | | |
| Average cost per participant for tobacco prevention activities ($) | 1.60 | 1.60 | 1.52 | 1.50 | 1.50 |
| **Workload/Outputs:** | | | | | |
| Number of people receiving education on tobacco and the health effects of smoking | 550,000 | 407,579 | 382,269 | 350,000 | 350,000 |
| Number of youth participating in community tobacco prevention activities | NA | 13,722 | 27,130 | 20,000 | 20,000 |
| Number of community-based initiatives addressing tobacco prevention and control issues | 11 | 7 | 7 | 7 | 7 |
| Number of organizations funded for tobacco use prevention and health disparities | 11 | 5 | 5 | 6 | 6 |
| **Inputs:** | | | | | |
| Expenditures ($000)[e] | 1,067 | 792 | 758 | 758 | 758 |
| Workyears | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 |

**Notes:**

[a]This is one of two pages that replaces the single "Tobacco Use and Prevention" display of previous years.

[b]Results reflect three-year rolling averages. Rates are per 100,000 population and are calculated using deaths from the Maryland Vital Statistics Administration and population data from the National Center for Health Statistics, Bridged-Race Vintage 2004 (July 1, 2000-July 1, 2004) Postcensal Population Estimates for Calculating Vital Rates. Mortality rates are adjusted to the 2000 standard population. Montgomery County lung cancer rates have been on the decline since 1999. In 2000, Montgomery County's lung cancer incidence and mortality rates per 100,000 population were 48.9 (State = 71.1) and 38.6 (State = 59.5), respectively. In 2001, the County's lung cancer incidence rate was 36.0 (State = 62.5), and the mortality rate was 32.6 (State = 56.8). Incidence and mortality rates for 2002 will be released In March 2006.

[c]Successful enforcement programs are those with compliance rates >90% and youth smoking rates less than 15% of the national average (Annual Review of Public Health: Youth Access to Tobacco; Journal of Health Politics, Policy and Law: Simulation Model of Youth Access Policies).

[d]Survey data for FY04 and FY05 (conducted by the Maryland Department of Health and Mental Hygiene, Office of Health Promotion and Tobacco Use Prevention) are not yet available.

[e]Reflects the decreasing trend in grant funding.

**EXPLANATION:**
The Tobacco Use Prevention program goals are to prevent the initial use of tobacco products, especially among youth and young adults; to promote smoking cessation; to reduce and eliminate exposure to environmental tobacco smoke; and to address disparities in tobacco use and tobacco-related diseases. The program has three major components. Community Based Programs targets youth and adults through prevention outreach efforts. A special initiative targets minorities - African Americans, Latinos, and Asian Americans - to provide awareness of tobacco health effects, including second-hand smoke exposure. School-Based Programs includes provision of a tobacco prevention curriculum within the Montgomery County Public Schools and promotion of smoke-free campus policies. Enforcement Programs conducts compliance checks of tobacco sales and enforces youth access and tobacco product placement laws.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** American Cancer Society, American Lung Association, Commission on Health, Montgomery County Community Partnerships, Montgomery County Public Schools, Students Oppose Smoking, Montgomery College, African American Health Program - Oral Health Initiative, Latino Health Initiative, Department of Liquor Control.

**MAJOR RELATED PLANS AND GUIDELINES:** Centers for Disease Control's Best Practices for Comprehensive Tobacco Control Programs, Governor's Task Force to End Smoking in Maryland, Cigarette Restitution Fund Senate/House Bill 896/1425.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:**
Communicable Disease, Epidemiology, and Lab Services

**PROGRAM ELEMENT:**
Care for Rabies Exposure

**PROGRAM MISSION:**
To prevent rabies disease in humans

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of residents at-risk for exposure to rabies virus that initiate post-exposure care | 98 | 99 | 99 | 99 | 99 |
| **Service Quality:** | | | | | |
| Percentage of at-risk exposed residents who receive counseling within one working day | 100 | 100 | 100 | 100 | 100 |
| **Efficiency:** | | | | | |
| Average cost per client counseled for rabies prevention ($) | 552 | [a]1,131 | 989 | 1,287 | 1,102 |
| **Workload/Outputs:** | | | | | |
| Number of residents exposed to animals at risk for rabies | 172 | 160 | 183 | 150 | 175 |
| Number of residents initiating post exposure care | 126 | 75 | 90 | 85 | 100 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 95 | [a]181 | 181 | 193 | 193 |
| Workyears | 1.4 | 1.4 | 1.4 | 1.5 | 1.5 |

**Notes:**

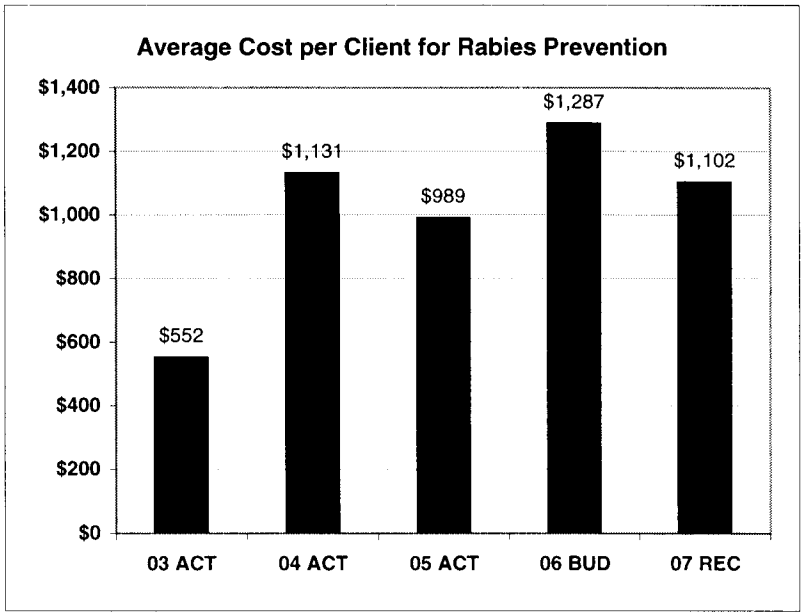
[a]A quality audit conducted in FY04 resulted in a reallocation of expenditures.

**EXPLANATION:**

People have the potential to contract rabies, a fatal disease, after exposure to an infected animal. This program determines which bites have potential rabies virus risk. Community Health Nurses counsel the individual and ensure that the proper medicines are given to the patient for administration by their physician.

In FY05, 90 people initiated post exposure care. There were no multiple exposure outbreaks during FY05. Volume continues to be heaviest during the warmer weather months. There were 1,101 reported animal bites in FY05, but only 183 required rabies counseling.

The clinical program has developed a rabies data base with the help of a medical resident. The program is actively tracking physician reporting after treatment.




**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Maryland State Department of Health and Mental Hygiene, Montgomery County Police - Animal Services Division, local private care providers.

**MAJOR RELATED PLANS AND GUIDELINES:** COMAR 10.06.01 Communicable Diseases, COMAR 10.06.02 Rabies, Department of Health and Mental Hygiene Policy and Procedure Manual, American Advisory Committee for Immunization Practices on Rabies.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:**
Communicable Disease, Epidemiology, and Lab Services

**PROGRAM ELEMENT:**
Childhood Lead Poisoning Prevention Program

**PROGRAM MISSION:**
To protect children from the effects of lead poisoning through education and outreach focused on early testing and intervention

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Number of children tested found to have elevated blood lead levels[a] | 53 | 81 | 25 | 40 | 35 |
| Percentage of children tested found to have elevated blood lead levels[a] | [b]0.5 | 0.5 | [a]NA | 0.2 | 0.2 |
| Percentage of children tested who were under the age of 6[a,c] | 13 | 21 | [a]NA | 32 | 35 |
| **Service Quality:** | | | | | |
| Percentage of families satisfied with case management services[d] | NA | NA | 100 | 91 | 95 |
| Percentage of physicians satisfied with outreach efforts[e] | NA | NA | 98 | 86 | 95 |
| **Efficiency:** | | | | | |
| Average case management caseload (cases per case manager)[f] | 53 | 47 | 25 | 40 | 35 |
| **Workload/Outputs:** | | | | | |
| Number of children tested for lead exposure[a] | 10,163 | 15,934 | [a]NA | 23,000 | 24,000 |
| **Inputs:** | | | | | |
| Expenditures ($000) | NA | NA | 80,000 | 84,000 | 84,000 |
| Workyears | NA | NA | 0.5 | 0.5 | 0.5 |

**Notes:**

[a]Calendar year data (FY03 = CY03) provided by the Maryland Department of the Environment (MDE). The MDE figures consolidate the results for all blood lead tests of children who live in Montgomery County, regardless of who does the testing and where the test is conducted. MDE reports this information by calendar year, with a one year lag (FY05 figures will not be available until early 2007).

[b]Statewide, the percentage of children tested for lead exposure that were found to have elevated blood lead levels was 2.2% in 2003.

[c]The earlier a lead-poisoned child is diagnosed and treated, the less likely it is that brain damage will occur.

[d]Case management services are provided by the Department of Health and Human Services in varying degrees to all County children who have a venous blood lead level of 10 micrograms per deciliter. (MDE informs the County's Lead Nurse Case Manager of children residing in the County whose blood lead test results exceed 10.)

[e]Outreach efforts to increase the number of children tested for blood lead levels are focused on medical providers.

[f]These are calendar year figures.

**EXPLANATION:**

This program has existed informally as an unfunded mandate for many years. (The nurse case manager from the Immunization Program also handles all case management and outreach activities for the Lead Program.) Increased community awareness and concern about the dangers and sources of lead poisoning and lead in the water, new requirements for documentation of lead testing by the schools, new requirements for blood lead testing in refugee children, and stricter landlord/tenant regulations have led the Department of Health and Human Services to re-focus its efforts in this area and to target increased outreach and education to medical providers, homeowners, tenants, and landlords.

The Childhood Lead Poisoning Prevention Program (CLPPP) provides case management services to children with blood lead levels greater than 10 micrograms per deciliter. Federal guidelines dictate the services provided; the services increase based on the blood lead level. Case management services and lead poisoning prevention outreach and education services have in the past been partially funded by grants from the Maryland Department of the Environment and the Maryland Department of Health and Mental Hygiene (DHMH). Staff providing these services have been responsible for other programs in addition to childhood lead poisoning.

For the 2003 - 2004 school year, DHMH introduced new regulations requiring that all pre-kindergarten, kindergarten, and first grade children have a completed Lead Certificate on file in their school. Twelve "at risk" ZIP codes have been identified in Montgomery County, and children living in these ZIP codes are required to document dates of blood lead tests on the certificate. If the child has never lived in an "at-risk" ZIP code, the parent should document this in the certificate. Follow-up activities for this mandate are performed by the Childhood Lead Poisoning Prevention Program. About 7,000 follow-up letters were sent to children in the 2004-2005 school year. The return rate increased by 35% after the efforts by the CLPPP.

As a result of heightened public awareness of the possibility of lead present in some water systems, the Montgomery County Public Schools (MCPS), Washington Suburban Sanitary Commission (WSSC), and CLPPP began testing the water in schools in March 2004. A representative from the CLPPP has been working with the MCPS and WSSC to monitor the progress of this testing, develop policy regarding interpretation of the results, and develop guidelines for remediation as needed. Plans for remediation in many schools, as well as some actual remediation, have begun this past fiscal year. This initiative will continue until all schools have been remediated.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Maryland Department of the Environment, Maryland Department of Health and Mental Hygiene, Washington Suburban Sanitary Commission, Montgomery County Public Schools.

**MAJOR RELATED PLANS AND GUIDELINES:** Guidelines from the Centers for Disease Control and Prevention, Environmental Protection Agency, American Academy of Pediatrics, Maryland Department of Health and Mental Hygiene, Maryland Department of the Environment.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:**
Communicable Disease, Epidemiology, and Lab Services

**PROGRAM ELEMENT:**
Death Certificate Registration

**PROGRAM MISSION:**
To provide the public with local access to the registration and issuance of death certificates

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Total fees collected ($000)[a] | 303 | 346 | 265 | 400 | 300 |
| **Service Quality:** | | | | | |
| Percentage of certificates issued within one day of request | 100 | 100 | 100 | 100 | 100 |
| **Efficiency:** | | | | | |
| Average cost per certificate issued ($) | 2.07 | 3.14 | 3.83 | 2.62 | 3.88 |
| Fees collected per program dollar expended ($) | 2.94 | 2.54 | 1.95 | 2.94 | 2.20 |
| **Workload/Outputs:** | | | | | |
| Number of death certificates requested and issued | 49,755 | 43,669 | 35,541 | 52,000 | 35,000 |
| Average number of requested certificates issued per death | 8.5 | 7.1 | 5.7 | 9.0 | 7.0 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 103 | [b]136 | 136 | 136 | 136 |
| Workyears | 1.7 | 1.7 | 1.7 | 1.7 | 1.7 |

**Notes:**

[a]This represents the portion of the fees retained by the County.

[b]A quality audit conducted in FY04 resulted in a reallocation of expenditures.

**EXPLANATION:**
The responsibility for issuing death certificates remains with the Maryland State Department of Health and Mental Hygiene, Division of Vital Records. The County's vital records program provides a local office for funeral directors to register Maryland deaths. Certified copies of death certificates are issued for a fee to families and representatives of the estate for up to 30 days after the date of filing.

The number of actual deaths remained constant at about 6,000 per year. The number of certificates ordered per death dropped from 7.1 to 5.7 in FY05 because the per certificate cost remains expensive at $20.00. Some large volume funeral facilities choose to file in the Baltimore office with a charge of $12.00 per death certificate.

Records are reviewed for accuracy and rejected until necessary corrections are completed. Public health information is extracted from each record by the Maryland State Health Statistics Program to provide generalized information about the overall health status and well-being of the community. In addition, death verifications are provided to Social Services to expedite benefits to eligible clients.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Maryland State Department of Health and Mental Hygiene - Division of Vital Records.

**MAJOR RELATED PLANS AND GUIDELINES:** Annotated Code of Maryland, Health - General, Title 4. Vital Statistics and Records; State and County policies and procedures.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:**
Communicable Disease, Epidemiology, and Lab Services

**PROGRAM ELEMENT:**
Immunization Education, Outreach, and Surveillance of Private Schools and Physician Offices

**PROGRAM MISSION:**
To protect the public from vaccine preventable diseases and promote vaccine completion among two-year olds[a]

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Immunization completion rates of two-year olds in private practices, County clinics, and other locations[a] | 93 | 89 | 89 | 95 | 90 |
| Immunization completion rate of students in private schools[b] | 98 | 98 | 99.8 | 100 | 98 |
| **Service Quality:** | | | | | |
| Percentage of clients receiving immunizations satisfied with service quality | 98 | 99 | 98 | 98 | 98 |
| Percentage of private schools satisfied with record surveillance | 100 | 96 | 98 | 98 | 98 |
| **Efficiency:** | | | | | |
| Average cost per surveillance ($) | 1,929 | 2,000 | 2,210 | 2,075 | 2,075 |
| **Workload/Outputs:** | | | | | |
| Number of private practices receiving education and record surveillance[c] | 73 | 95 | 82 | 80 | 80 |
| Number of private provider records surveyed | 1,450 | 1,508 | 1,590 | 1,800 | 1,800 |
| Number of private schools receiving record surveillance | 54 | 52 | 51 | 52 | 52 |
| Number of children case-managed after referral from record surveillance | 287 | 349 | 290 | 375 | 350 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 245 | 294 | 294 | 274 | 274 |
| Workyears | 3.9 | 3.9 | 3.9 | [d]3.4 | 3.4 |

**Notes:**

[a]The vaccine completion rate for two-year olds refers to four DTP, three Polio, one MMR, three Hib, and three Hepatitis B as recommended by the American Academy of Pediatrics. Maryland, like many other states, also requires one Varicella prior to day care (if one year old), preschool, and grades kindergarten through third grade (beginning in the 2004-2005 school year).

[b]Twenty percent of the County's 250 private schools are selected by the State for yearly surveillance by immunization staff. Selection is based on yearly immunization completion reports sent to the State by November 15 of each year; the schools with low rates are selected for review.

[c]Private practice education and record surveillance is a collaborative effort between immunization staff and Maryland Vaccine for Children consultants. This is not an unduplicated count as it includes some repeat surveillance visits to track the improvement rate.

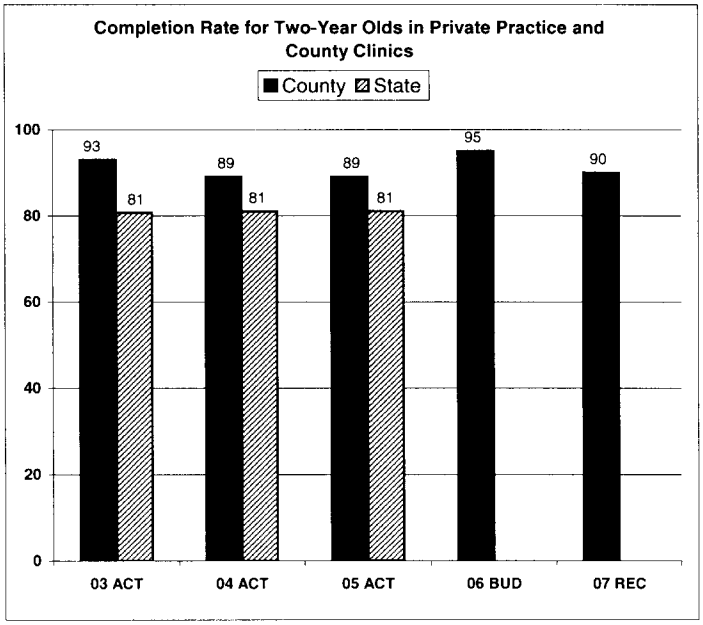
[d]Reflects a reallocation of workyears to Childhood Lead Prevention.

**EXPLANATION:**

Immunization education and surveillance include strategies to simultaneously increase vaccine injection; adoption of Standards of Pediatric Immunization Practice; vaccine safety, accountability, storage, and handling; and documentation to maintain compliance with Federal Vaccine for Children Program (VFC) requirements. The State of Maryland has VFC consultants assigned to all Maryland counties who provide increased provider reviews. Private school surveillance is done by County Immunization Program staff. Immunization staff work closely with the Women, Infant, and Children (WIC) program to review records, provide case management services, and assure that WIC children are up-to-date with their immunizations.

The vaccination completion rate is not expected to increase greatly because more vaccines are now being included. In prior years, the completion rate included only DTP, Polio, and MMR. In the near future, Varicella will also be included in assessing vaccination completion rates for two-year olds.

In addition, County clinics are not usually the medical home of children under two years of age and therefore do not usually have complete immunization records. This affects the completion rate for two-year olds seen in County clinics. Because of the Health Insurance Portability and Accountability Act (HIPAA) and other confidentiality concerns, it is difficult to obtain the immunization history of clients. Immunet, a Maryland State immunization registry, is slowly being introduced to providers in the State and will provide even more information for determining completion rates in the County.




**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Private physicians, hospitals, Maryland Department of Social Services, Child Care Connection, Montgomery County Public Schools, community service groups, Maryland Department of Health and Mental Hygiene.

**MAJOR RELATED PLANS AND GUIDELINES:** Centers for Disease Control, State of Maryland regulations, local guidelines, American Academy of Pediatrics, Academy of Immunization Practices.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:**
Communicable Disease, Epidemiology, and Lab Services

**PROGRAM ELEMENT:**
Lab Specimen Accessioning[a]

**PROGRAM MISSION:**
To secure public health laboratory specimens and provide safe transport to testing laboratories

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of accessioned[a] lab specimens that are processed by the State lab | 100 | 100 | 100 | 100 | 100 |
| **Service Quality:** | | | | | |
| Percentage of days in compliance with CLIA[b] requirements | 100 | 100 | 100 | 100 | 100 |
| **Efficiency:** | | | | | |
| Average cost per lab customer ($) | 22.27 | [c]26.03 | 27.14 | 23.26 | 26.75 |
| **Workload/Outputs:** | | | | | |
| Number of lab customers | 4,220 | 4,303 | 4,126 | 4,600 | 4,000 |
| Number of clinical summaries provided to users | 2,032 | 2,064 | 2,447 | 2,300 | 2,000 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 94 | [c]112 | 112 | 107 | 107 |
| Workyears | 1.2 | [c]1.4 | 1.4 | 1.2 | 1.2 |

**Notes:**

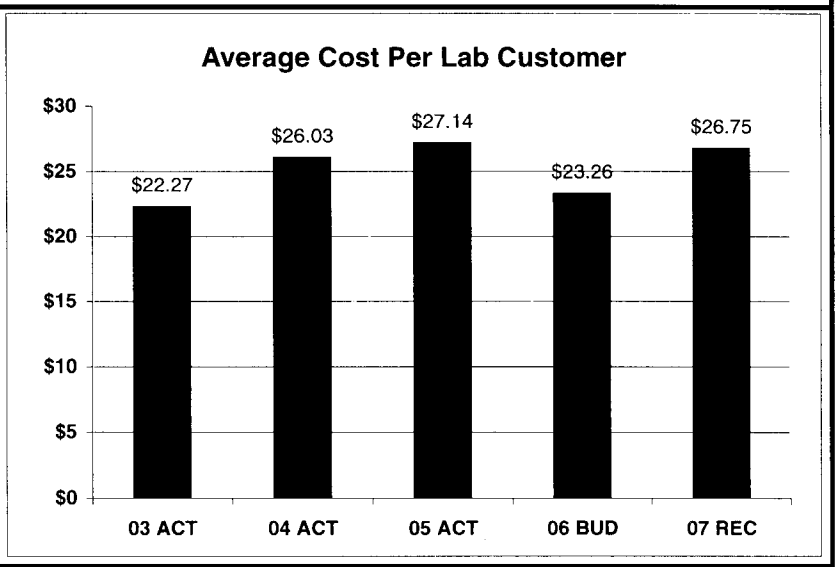
[a]Accessioning refers to registration and preparation of lab specimens for transport.

[b]CLIA = Clinical Laboratory Improvement Act regulations for safe operation.

[c]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

**EXPLANATION:**

Laboratory specimens are taken from patient care areas within the Department of Health and Human Services as well as private clinical practices and are secured in the accessioning station at the Dennis Avenue Health Center. Blood and bodily fluid specimens are maintained for proper storage, organism growth, and safety from leakage, thus preventing communicable disease exposure to workers. Specimens are prepared for transport to the State's Central Laboratory where testing is completed. Reports are then returned to the care providers. Monitoring of tests performed in-house provides quality assurance for clinical accuracy and meets the requirements for licensure certification.




**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Maryland State Department of Health and Mental Hygiene, Laboratory Administration.

**MAJOR RELATED PLANS AND GUIDELINES:** COMAR 10.06.01 Communicable Diseases, Clinical Laboratory Improvement Act (CLIA) regulations for laboratories.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:**
Communicable Disease, Epidemiology, and Lab Services

**PROGRAM ELEMENT:**
Perinatal[a] Hepatitis B Prevention

**PROGRAM MISSION:**
To prevent Hepatitis B infection in newborn infants through identification and case management of pregnant women diagnosed with Hepatitis B

**COMMUNITY OUTCOMES SUPPORTED:**
• Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of at-risk infants[b] receiving protective vaccine at birth | 93 | 99 | 97 | 97 | 97 |
| Percentage of at-risk infants who complete the Hepatitis B vaccine series by 18 months of age | 77 | 91 | 85 | 95 | 95 |
| **Service Quality:** | | | | | |
| Percentage of diagnosed Hepatitis B pregnant women who receive services before delivery | 89 | 100 | 96 | 95 | 96 |
| Number of delivery hospital audits conducted[d] | NA | NA | 1 | 1 | 2 |
| **Efficiency:** | | | | | |
| Average cost per individual case ($) | 1,200 | 1,211 | 939 | 1,233 | 1,009 |
| Average caseload per Community Health Nurse | 75 | 90 | 116 | 90 | 110 |
| **Workload/Outputs:** | | | | | |
| Number of pregnant women diagnosed with Hepatitis B | 75 | 90 | 116 | 90 | 110 |
| Number of at-risk infants[b] | 76 | 90 | 117 | 90 | 110 |
| Number of locatable at-risk infants who complete the Hepatitis B series within 18 months[c,e] | NA | NA | 77 | 98 | 98 |
| Number of interventions per family at risk | 5 | 6 | 7 | 7 | 7 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 90 | 109 | 109 | 111 | 111 |
| Workyears | 1.2 | 1.1 | 1.1 | 1.3 | 1.3 |

**Notes:**

[a]Perinatal refers to the entire pregnancy and after-birth time-frame.

[b]At-risk infants are those infants born to pregnant women who have been diagnosed with Hepatitis B.

[c]Approximately 30% of at-risk infants have moved out of the area or were lost to follow up by 18 months of age.

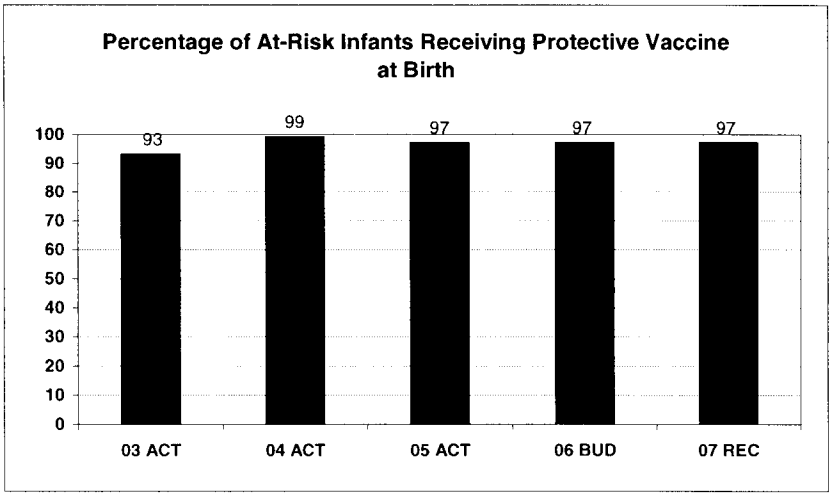
[d]The hospital audit assesses the documentation of the mother's hepatitis B test results and the administration of appropriate birth dose vaccines to at-risk infants.

[e]Includes clients carried over from previous years.

**EXPLANATION:**

Program activities include laboratory monitoring to identify and case manage prenatal patients who are diagnosed with hepatitis B and are at-risk for passing the disease to their babies. Services provided to pregnant women and their families include teaching, counseling, blood testing, and vaccine administration, as well as coordinating care with their health care providers (obstetricians, pediatricians, and the delivery hospital). The program follows infants born to these women from birth through age 18 months. These infants receive a series of protective vaccine injections beginning at birth. Blood testing is done when the series is completed to assure the vaccine is effective.

The Maryland Department of Health and Mental Hygiene is considering the purchase of web-based data management software to streamline Hepatitis B follow-up.




**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Maryland State Department of Health and Mental Hygiene, primary care obstetricians, pediatricians, delivery hospitals.

**MAJOR RELATED PLANS AND GUIDELINES:** COMAR 10.06.01, Centers for Disease Control perinatal hepatitis B guidelines, American Academy of Pediatrics standards of care.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:**
Communicable Disease, Epidemiology, and Lab Services; Community Health Nursing

**PROGRAM ELEMENT:**
Immunization Vaccine Administration

**PROGRAM MISSION:**
To provide immunizations to children and eligible adults to protect them and the general public from vaccine preventable diseases

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL[b] | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of infants, children, and adults receiving appropriate immunizations | 100 | 100 | 100 | 99.5 | 99.5 |
| **Service Quality:** | | | | | |
| Number of accessible clinic locations[a] | 6 | 6 | 8 | 7 | 4 |
| Number of quality insurance provider audits | NA | NA | NA | 50 | 50 |
| Average length of visit (minutes) | 60 | 60 | 45 | 60 | 75 |
| **Efficiency:** | | | | | |
| Average cost per vaccine given ($) | 47 | 67 | 69 | 69 | 74 |
| **Workload/Outputs:** | | | | | |
| Number of 6 month to 19 year old children vaccinated against flu | 55 | 1,218 | 540 | 800 | 600 |
| Number of infants and children vaccinated | 2,827 | 1,617 | 1,366 | 2,500 | 2,500 |
| Number of adults vaccinated | 740 | 2,543 | [c]2,200 | 2,000 | 2,000 |
| Number of vaccines given | 7,764 | 7,576 | 6,170 | 7,500 | 7,000 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 362 | 424 | 424 | 520 | 520 |
| Workyears | 5.9 | 5.1 | 5.1 | 5.4 | 5.4 |

**Notes:**

[a]Walk-in clinics are located at various sites throughout the County during daytime, evening, and weekend hours. Other sites may be added in FY07, depending on demand and staff availability. Two sites offer evening hours.

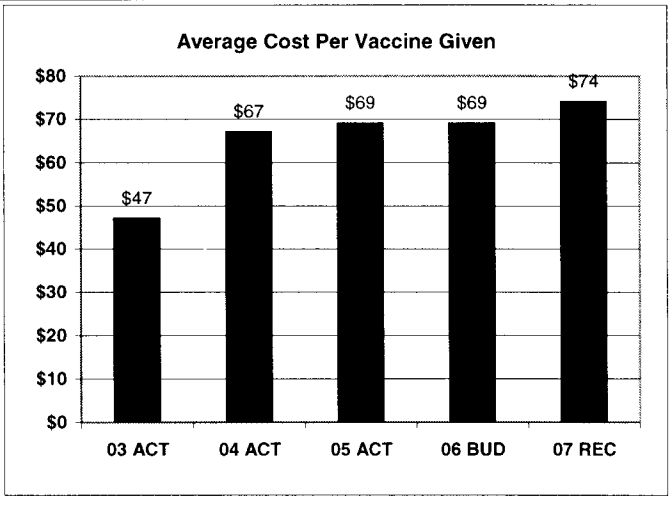
[b]In FY05, there was a severe vaccine shortage, and available vaccine was delayed. The cost of all vaccines has increased.

[c]Although fewer shots were given in the County, the Public Health Service assisted and provided flu vaccine to private medical providers so that the public would have easy access.

**EXPLANATION:**

Immunizations are administered at eight easily accessible locations throughout the County, including health centers and in collaboration with two local hospitals. Services are delivered by County nurses and immunization program staff. Immunizations are free for children birth to age 18, and for certain adults eligible according to Federal and State regulations. Providing immunization services in non-traditional locations (such as emergency rooms at local hospitals) and on weekends to under- and uninsured families is a strategy that has been used successfully to boost attendance at walk-in clinics.

In FY05, the program began to conduct random quality assurance provider audits to review for age appropriate vaccinations and simultaneous injections in order to make recommendations for improvement. These audits are done by Department of Health and Mental Hygiene and County Staff.




**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Community service agencies, Adventist Health Care System, Maryland Department of Health and Mental Hygiene Center for Immunizations.

**MAJOR RELATED PLANS AND GUIDELINES:** Centers for Disease Control, American Academy of Pediatrics, Academy of Immunization Practices.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Community Health Nursing

**PROGRAM ELEMENT:** Audiology Services

**PROGRAM MISSION:**
To evaluate and screen eligible children and adults for early identification and treatment of hearing loss

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

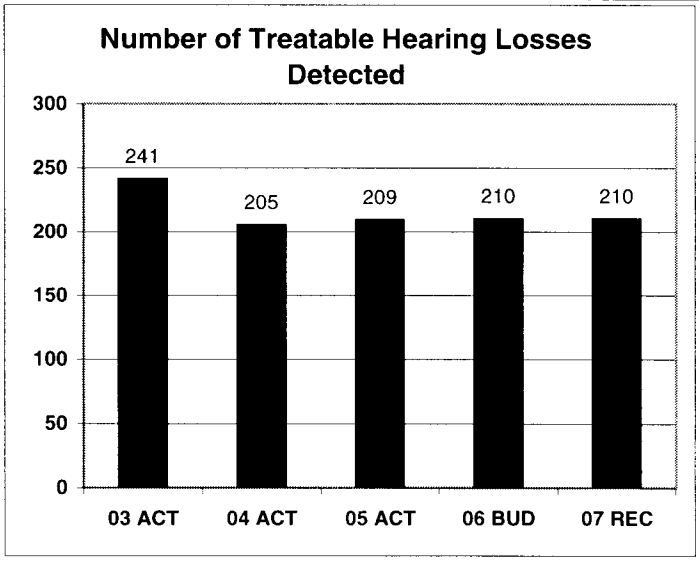
| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Number of treatable hearing losses detected | 241 | 205 | 209 | 210 | 210 |
| Percentage of clients with treatable hearing losses who are linked to a medical provider | 100 | 100 | 100 | 100 | 100 |
| **Service Quality:** | | | | | |
| Percentage of clients satisfied with audiological services | 100 | 100 | 95 | 95 | 95 |
| **Efficiency:** | | | | | |
| Average cost per client ($) | 190 | 190 | 199 | 243 | 226 |
| **Workload/Outputs:** | | | | | |
| Number of clients evaluated | 652 | 590 | 561 | [b]560 | 600 |
| Number referred for medical evaluation | 76 | 58 | 49 | 60 | 60 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 124 | [a]112 | 112 | 136 | 136 |
| Workyears | 1.7 | [a]1.3 | 1.3 | 1.3 | 1.3 |

**Notes:**

[a]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

[b]Retirement of a half-time Audiologist resulted in a reduction of available appointments during the first quarter of FY06.

**EXPLANATION:**
The Guidelines for Audiological Screening (October 1999) require that all children having a speech and language assessment be screened for possible hearing loss. A study done at the State University of New York's Health Science Center in Syracuse reviewed the records of approximately 1,000 children referred to the Center for developmental delay and found that almost 5 percent of the children were significantly or totally deaf. Doctors had failed to recommend hearing tests even though the medical or family histories of most children should have triggered immediate concern that they were at risk for hearing loss. The earlier children are diagnosed and treated for hearing loss, the less frequently they experience language delay and behavior problems and the more likely they are to achieve academic success.




**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Infants and Toddlers Program, Aging and Disability Services, Montgomery County Public Schools Diagnostic and Evaluation Services for Children Program.

**MAJOR RELATED PLANS AND GUIDELINES:** Guidelines for Audiological Screening by the American Audiological Society.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Community Health Nursing

**PROGRAM ELEMENT:** Children with Special Medical Needs

**PROGRAM MISSION:**
To serve uninsured children with special health care needs to prevent and/or treat chronic health conditions

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of referred children linked to a pediatric specialist | 85 | 85 | 80 | 88 | 88 |
| **Service Quality:** | | | | | |
| Percentage of clients satisfied with care coordination services | 95 | 90 | 95 | 95 | 95 |
| **Efficiency:** | | | | | |
| Average cost per client ($) | 294 | 750 | 585 | 689 | 531 |
| **Workload/Outputs:** | | | | | |
| Number of children linked to a pediatric specialist | 143 | 124 | 159 | 135 | 175 |
| Number of clinic visits, surgeries, and/or treatments coordinated | 1,186 | 540 | 715 | 575 | 700 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 42 | [a]93 | 93 | 93 | 93 |
| Workyears | 0.8 | [a]0.1 | 0.1 | 0.1 | 0.1 |

**Notes:**
[a]A quality audit conducted in FY04 resulted in a reallocation of expenditures and workyears.

**EXPLANATION:**
Uninsured children have the same rate of complex medical problems as insured children and need specialty medical care to prevent handicapping conditions, severe medical complications, and/or further disabilities. The care coordinator assists parents in applying for financial assistance which will pay for their child to be evaluated and treated by a pediatric medical specialist or an optometrist as needed. The coordinator continues case management services with the child to assure that medical appointments are arranged and kept and that parents are able to follow through with medical recommendations. Many of the children receive multiple specialty services, and the care coordination of these disparate providers is accomplished by the nurse coordinator.

Case management of this population is complex and complicated by language barriers. For FY05, additional grant funding received after budget approval was used to provide translation services in Spanish to clients with limited English proficiency. The ability to communicate on a daily basis with the large Spanish speaking special needs population will reduce the waiting time for an interview and completion of the application.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** State of Maryland Children's Medical Services, Children's Hospital, Holy Cross Hospital, Johns Hopkins Hospital, University of Maryland Hospital, Shriners Hospital (Philadelphia, Pennsylvania), Washington Hospital Center, Suburban Hospital, Gouderman Appliances, Greg Banks Bio Lab, New Hampshire Pharmacy.

**MAJOR RELATED PLANS AND GUIDELINES:**

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:**
Community Health Nursing

**PROGRAM ELEMENT:**
Client Services Center - Administrative Care Coordination Unit (ACCU) and Ombudsman

**PROGRAM MISSION:**
To educate and assist Health Choice recipients in using the managed care medical system

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of Health Choice recipients with an address who have their health services and access issues resolved | 72 | 73 | 87 | 85 | 85 |
| Percentage of prenatal providers contacted for outreach and education | NA | NA | 99 | 85 | 95 |
| Percentage of Health Choice recipients who receive Health Choice education from Community Health Promoters | NA | NA | 100 | 100 | 100 |
| Number of clients who re-establish a relationship with their provider | 304 | 399 | [b]236 | 300 | 300 |
| **Service Quality:** | | | | | |
| Percentage of ACCU referrals completed in the timeframe requested by the Department of Health and Mental Hygiene (DHMH)/Client Resolution Unit (CRU) | NA | NA | 95 | 89 | 90 |
| Percentage of Ombudsmen referrals completed in the timeframe requested by DHMH/CRU | NA | NA | 95 | 95 | 95 |
| Percentage of referrals received from the DHMH with status reports returned within 30 days | 83 | 85 | 95 | 97 | 95 |
| **Efficiency:** | | | | | |
| Cost per referral ($) | NA | NA | 426 | 489 | 451 |
| **Workload/Outputs:** | | | | | |
| Number of Ombudsmen referrals from DHMH/CRU | NA | NA | 49 | 40 | 40 |
| Number of client referrals from DHMH for Health Choice system education | 651 | 365 | 318 | 350 | 350 |
| Number of client referrals from DHMH for denial of service and complex medical issue resolution | 55 | 96 | 151 | 100 | 100 |
| Number of outreach activities | 900 | 743 | 719 | 700 | 725 |
| Number of pre-natal referrals from private OB/GYN providers that were triaged for case management | 1,008 | 1,546 | 973 | 1,000 | 1,050 |
| Number of Infant-at-Risk referrals that were triaged for case management | 354 | 365 | 458 | 400 | 400 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 432 | [a]831 | 831 | 876 | 876 |
| Workyears | 6.7 | [a]8.2 | 8.2 | 8.4 | 8.4 |

**Notes:**
[a]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.
[b]See Explanation section for analysis of these results.

**EXPLANATION:**
The Administrative Care Coordination Unit (ACCU)/Ombudsman Unit is a Maryland Department of Health and Mental Hygiene (DHMH) supported program designed to help Medical Assistance (Health Choice) recipients transition from fee-for-service care to managed care. The goal is to have a primary care provider/medical home for every eligible recipient, to encourage preventive health care practices, and to lower the incidence of episodic emergency room care. The ACCU receives referrals from the Maryland Department of Health and Mental Hygiene, managed care organizations (MCOs), and providers for the purpose of assisting recipients in locating and/or relinking to primary care providers and educating those who have little knowledge or understanding of the system. The Ombudsman responds as a recipient's advocate in cases of denial of needed health care services and/or coordination/resolution of complex medical issues.

In FY05, the number of Health Choice recipients who had access issues resolved increased 100 percent over FY04. This positive change reflects the increased number of clients successfully located with a known address. All of the 236 client referrals from MCOs with a request to re-establish a relationship with a provider were in fact re-linked to their respective providers. However, the 236 referrals represented a 50 percent decrease from FY04; the number of referrals from DHMH for Health Choice education decreased 13 percent (47 clients). Several factors may account for the decline in referrals. One is the overall success experienced by client services in reaching clients to educate them about programs. In addition, the use of Health Promoters has been especially helpful in providing education to the hard-to-reach. During the past year, the State has begun to develop a process for making MCOs responsible for providing more follow-up care for their respective clients.

Although the ACCU/Ombudsmen Program has not received referrals for denial of care, the number of complex cases referred increased more than 200 percent (by 55 clients) vs. FY04. The (62%) decline in the number of prenatal referrals from private obstetricians for case management may be attributed to the large number of obstetric providers opting out of the MCO system due to poor malpractice coverage. In FY05, hospitals referred 93 more Infant-at-Risk cases with complex medical issues that required Healthy Start case management.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Maryland Department of Health and Mental Hygiene Health Choice and Acute Care Customer Support, managed care organizations, volunteer Multi-Cultural Health Promoters.

**MAJOR RELATED PLANS AND GUIDELINES:** COMAR 10.09.66.03, 10-09.65.04, 10.09.72.02.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Community Health Nursing

**PROGRAM ELEMENT:** Community Health Nursing Case Management

**PROGRAM MISSION:**
To provide home visits, assessment, care planning, health education, coordination, and linkage to providers and other community resources for at-risk pregnant women and children to promote safe and healthy children.

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of healthy birth weight babies born to case-managed maternity clients[a] | 84 | 92 | 91 | 93 | 95 |
| Percentage of clients who enter care in the first trimester of pregnancy[a] | 54 | 45 | 42 | 45 | 48 |
| Percentage of women who breastfeed | NA | 85 | 80 | 80 | 82 |
| **Service Quality:** | | | | | |
| Percentage of maternity clients who have a nursing intervention within ten days of eligibility determination | NA | 74 | [c]71 | 76 | 75 |
| **Efficiency:** | | | | | |
| Annual maternity caseload per Community Health Nurse | [b]66 | [b]88 | 99 | 95 | 95 |
| Average cost per case-managed maternity client ($) | [b]2,271 | [b]1,591 | 1,406 | 1,682 | 1,598 |
| **Workload/Outputs:** | | | | | |
| Number of maternity clients case-managed | 1,849 | 2,458 | 2,783 | 2,850 | 3,000 |
| Number of children case-managed | 804 | 2,101 | [d]1,020 | 1,400 | 2,000 |
| Number of babies delivered | 1,644 | 1,939 | 1,802 | 2,200 | 2,500 |
| Number of healthy birth weight babies | 1,386 | 1,848 | 1,633 | 2,024 | 2,100 |
| Number of clients entering care in their first trimester | 881 | 893 | 765 | 1,100 | 1,300 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 4,200 | [b]3,913 | 3,913 | 4,794 | 4,794 |
| Workyears | 53.0 | [b]49.2 | 49.2 | [e]54.0 | 54.0 |

**Notes:**

[a]Case-managed clients include both Medical Assistance and eligible uninsured clients.

[b]The mid-year reduction in workyears in FY03 was not reflected until FY04. In addition, a quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

[c]As the number of women seeking care increased, the ability of the staff to provide services within ten days decreased.

[d]The FY05 decrease in the number of children case-managed was a result of the reallocation of nursing and community service aide staff to meet the demand of the increasing maternity caseload.

[e]FY06 reflects an additional six staff hired to case manage the increased number of maternity clients and children in the Healthy Start Program.

**EXPLANATION:**
Community Health Nursing Case Management Services focuses primarily on healthy pregnancies and healthy babies at delivery. Community Health Nurses provide Healthy Start home visiting and case management services to Medical Assistance and to Department of Health and Human Services eligible uninsured clients. The presence of Community Health Nurses and Health Associates in the community is the link required to identify at-risk pregnancies, which has implications for healthy deliveries. Health education in basic prenatal care (nutrition counseling, growth, and development), coordination, and linking clients to proper health care providers are nursing interventions associated with positive pregnancy outcomes.

Research has demonstrated that many pervasive health and social problems are a consequence of poor maternal health-related behaviors, inadequate infant/child care, and stressful environmental conditions that interfere with individual and family functioning. These problems include low birth weight, child abuse and neglect, childhood injuries, unintended and closely spaced pregnancies, and reduced economic self-sufficiency. Current research supports the positive effects of home visits on improved outcomes for pregnant women and their children. Additionally, efforts to improve access to health care by getting more women into programs that meet their financial, health, and psychosocial needs are most successful when services are integrated into language-sensitive and locally accessible sites.

In FY05, the percentage of clients entering care in the first trimester continued to decline and was considerably lower than the State's overall rate of 59 percent. This decline reflects the increasing difficulty of accessing obstetrical care. Ninety-one percent of pregnant women who participate in the Healthy Start Program bore babies with healthy birth weights, and 80 percent were breastfeeding their infants in the early postpartum period. The Healthy People 2010 goal is for 75 percent of women who deliver infants to breastfeed in the early postpartum period.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Community Clinic Inc., Crittenton Services, Healthy Families Montgomery, Holy Cross Hospital, Kaiser Permanente Managed Care Organization, Montgomery General Hospital, the Primary Care Coalition, Project Access, Shady Grove Hospital, the private medical community.

**MAJOR RELATED PLANS AND GUIDELINES:** COMAR regulations for Healthy Start Case Management.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Community Health Nursing

**PROGRAM ELEMENT:** Service Eligibility Unit - Eligibility Screening for Adults

**PROGRAM MISSION:**
To provide eligibility screening for uninsured adults and refer them to appropriate health care programs

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of screened adults determined to be eligible for health care programs | 94 | 95 | 92 | 90 | 90 |
| **Service Quality:** | | | | | |
| Percentage of screened adults whose eligibility has been decided within ten days | NA | NA | 89 | 89 | 85 |
| **Efficiency:** | | | | | |
| Average cost per adult eligibility screening ($) | 73 | 73 | 93 | 64 | 59 |
| Average number of adult cases per Service Eligibility Unit worker | 865 | 910 | 715 | 1,346 | 1,357 |
| **Workload/Outputs:** | | | | | |
| Number of adults screened | 9,129 | 9,649 | [a]7,580 | 7,000 | 7,600 |
| Number of adults referred to health programs | 8,583 | 9,166 | 6,984 | 6,030 | 6,840 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 667 | 705 | 705 | [b]451 | 451 |
| Workyears | 10.6 | 10.6 | 10.6 | [b]5.6 | 5.6 |

**Notes:**

[a]In FY05, fewer adults were screened because Family Planning eligibility screening was discontinued at the Service Eligibility Units and will now be conducted by the contractor, Planned Parenthood, Inc.

[b]Reflects a workyear reallocation to children's screening based on an FY05 work flow analysis of Service Eligibility Unit screening activities.

**EXPLANATION:**
The Service Eligibility Units assist uninsured adult County residents in accessing a number of Federal, State, and County funded health programs. Service Eligibility Unit (SEU) staff refer and educate eligible adults regarding appropriate programs. Eligibility screening is offered at four locations and is co-located with the health centers in Germantown, Rockville, and Silver Spring, as well as other community locations.

While the infant mortality rate in Montgomery County is declining, the leading cause of neonatal death is low birth weight. Low birth weight can be reduced by ensuring adequate and early prenatal care for pregnant women. In an effort to contribute to the Healthy People 2010 goal of increasing access to ongoing primary care, SEU staff determine the eligibility of applicants for the Maryland Children's Health Program for Pregnant Women (for pregnant women at or below 250 percent of the Federal Poverty Level), the Department of Health and Human Services/Holy Cross Hospital Partnership for Prenatal Care, Project Access, Dental Services, and Montgomery Cares.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Community Health Nurses in Health Centers, School Health Services, Community Clinic, Inc., Proyecto Salud, Mobile Medical Care, Primary Care Coalition, area hospitals, Planned Parenthood, Health Choice Administrative Care Coordination Unit/Ombudsman staff, Women's Cancer Control Program.

**MAJOR RELATED PLANS AND GUIDELINES:** COMAR regulations; Client's Automated Resource and Eligibility System (CARES) regulations; Maryland Children's Health Program manual; Public Health Information System manual; Unified Intake, Triage, Evaluation and Service Delivery System (UNITED) manual; Service Eligibility Unit guidelines.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Community Health Nursing

**PROGRAM ELEMENT:** Service Eligibility Unit - Eligibility Screening for Children

**PROGRAM MISSION:**
To provide eligibility screening for uninsured children and refer them to appropriate health care programs

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Number of children linked to a health care provider | 31,534 | 31,490 | 32,471 | 32,000 | 32,000 |
| Percentage of screened children determined to be eligible for health care programs[a] | 89 | 85 | 87 | 85 | 90 |
| **Service Quality:** | | | | | |
| Percentage of screened children whose case has been certified within ten days | NA | NA | 75 | 70 | 65 |
| Percentage of clients satisfied with the screening process | 94 | 93 | 94 | 90 | 80 |
| **Efficiency:** | | | | | |
| Average cost per child eligibility screening ($) | 40 | 43 | 43 | 62 | 60 |
| Average number of child cases per Service Eligibility Unit (SEU) worker | 1,145 | 1,323 | 1,564 | 1,284 | 1,284 |
| **Workload/Outputs:** | | | | | |
| Number of children screened | 35,442 | 36,685 | 37,227 | 38,000 | 38,000 |
| Number of cases approved and assigned to SEU workers | 29,217 | 31,490 | 32,471 | 32,000 | 34,200 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 1,400 | 1,587 | 1,587 | [b]2,293 | 2,293 |
| Workyears | 24.0 | 23.8 | 23.8 | [b]29.6 | 29.6 |

**Notes:**

[a]Results are affected by changes in the eligibility requirements for the Maryland Children's Health Program and the Care for Kids Program as the programs raise or lower the income cap for eligibility.

[b]Reflects a workyear reallocation based on an FY05 work flow analysis of Service Eligibility Unit screening activities.

**EXPLANATION:**
The Service Eligibility Units help uninsured County residents access a variety of Federal, State, and County funded health programs including Maryland Children's Health Program, Care for Kids, and Emergency Medical Assistance. Staff determine eligibility, make referrals, and process applications for enrollment into appropriate programs. Staff also educate customers regarding the health programs for which they qualify. Eligibility screening services are co-located with health centers in Germantown, Rockville, and Silver Spring. Screening is also offered at community locations, including the Community Clinics, Mobile Medical Clinics, and Proyecto Salud Clinic.

In FY05, the Maryland Children's Health Program increased the income cap for eligibility, which increased the number of children screened by 542. The continuing decline in the percentage of children who are certified within ten days, an indication of delays in access to health care, is due to the loss of caseworker positions. During FY06, the Service Eligibility Unit has been continuously operating with vacant positions due to turnover. In addition, it is anticipated that three positions will be cut in FY07 because level funding for the Maryland Children's Heath Program grant will make it difficult to absorb the cost of County increments.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Health Choice Team Administrative Care Coordination Unit/Outreach, School Health Services, community health nurses in health centers, Community Clinics, Inc., Mobile Medical, Proyecto Salud, Primary Care Coalition, area hospitals.

**MAJOR RELATED PLANS AND GUIDELINES:** COMAR regulations, Client's Automated Resource and Eligibility System (CARES) regulations, Maryland Children's Health Program manual, Public Health Information System manual, service eligibility guidelines, Maternity Partnership manual, UNITED Client Information System, HHS Data Collection Feature Bundle Information System manual.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Dental Services

**PROGRAM ELEMENT:** Children's Clinical Services

**PROGRAM MISSION:**
To improve the oral health status of children enrolled in the Care For Kids Program through primary prevention and treatment services

**COMMUNITY OUTCOMES SUPPORTED:**
- Adults and children who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of children in Care For Kids accessing services for primary and preventive dental care | [a]35 | 40 | 37 | 38 | 38 |
| Percentage of children who complete their treatment plans | NA | 80 | 89 | 75 | 75 |
| Percentage of children seen who receive dental sealants | NA | 23 | 62 | 25 | 35 |
| **Service Quality:** | | | | | |
| Percentage of clients surveyed reporting satisfaction with services | 92 | 85 | 92 | 92 | 90 |
| **Efficiency:** | | | | | |
| Average cost per client ($) | 418 | 294 | 319 | 320 | 320 |
| **Workload/Outputs:** | | | | | |
| Number of client visits | 1,854 | 1,558 | 2,323 | 1,600 | 1,600 |
| Number of children enrolled in Care For Kids program | [a]2,145 | 2,691 | 2,714 | [c]3,900 | 3,900 |
| Number of children receiving dental services[b] | 748 | 1,088 | 1,002 | [c]2,200 | 2,000 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 313 | 320 | 320 | [c]353 | 353 |
| Workyears | 3.95 | 3.9 | 3.9 | 3.95 | 3.95 |

**Notes:**

[a]The Care For Kids population consists of children through age 17. A large increase in the Care For Kids population in FY03 contributed to the reduced percentage of children accessing dental care.

[b]Each year, dental hygiene students from the University of Maryland Internship Program provide additional prevention services for children.

[c]Supplemental funding received mid-year FY06 is making it possible to serve an additional 1,200 Care For Kids children. This additional funding is included in the Care For Kids program measures display.

**EXPLANATION:**

Tooth decay is the most common oral disease in childhood. It is an infectious, transmissible disease established early in child development and expressed throughout life. Although tooth decay remains the single most common chronic disease of childhood, there have been remarkable declines over recent decades attributed to community water fluoridation, education, and primary and preventive dental treatment. The Surgeon General's Oral Health Report 2000 and local studies note that dental decay is five to eight times more common than asthma - affecting nearly 20 percent of preschoolers, half of second graders, and three-quarters of 15 year olds. Eighty percent of the tooth decay is found in 25 percent of children. By age 17, 78 percent of young people have had a cavity, and 7 percent have lost at least one permanent tooth.

A more recent study in the State of Maryland revealed that Hispanic children had significantly more untreated decay than Caucasian children (64 percent vs. 44 percent). Hispanic children comprise 84 percent of the Dental Program's population. Tooth decay prevalence, extent, and severity are all more extreme in low-income, minority-status children with parents who have limited education. In addition, a large majority of foreign-born children and parents have had little or no dental care prior to emigrating to this country.

The Dental Clinic serves children and adolescents participating in Care For Kids, as well as children enrolled as State Medicaid clients. The goals are to reduce the risk factors associated with tooth decay, gum disease, and tooth loss. This is achieved by eliminating existing decay through restorative treatment, reducing oral microbial conditions through oral prophylaxis and home care regimens, reducing risk factors associated with caries through sealant applications and fluoride treatments, and modifying self-care behaviors through prevention education techniques. Unfortunately, the oral health status of our immigrant populations is such that for a majority of these children, the placement of preventive and more cost-effective dental sealants is not an option.

In FY05, fewer children were treated over more visits - an indication that children on the average required more visit time to complete care (2.3 visits per child compared to 2 visits per child in FY04). Patient compliance reflects the commitment of parents to keep dental appointments as per health care instructions and remains above 80 percent at 84 percent. Treatment plans were completed on 89 percent of all cases.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** School Health Services, Primary Care Coalition, Holy Cross Hospital, Proyecto Salud, community health nurses, contract dentists and dental hygienists, University of Maryland Dental School.

**MAJOR RELATED PLANS AND GUIDELINES:** Department of Health and Human Services Program Policies, Early Headstart, Baby Steps, American Academy of Pediatric Dentistry, Howard University, Primary Care Coalition, Spanish Catholic Center, Surgeon General's Oral Health Report.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Dental Services

**PROGRAM ELEMENT:** Maternity Clinical Services

**PROGRAM MISSION:**
To promote oral health and improve the quality of life for a targeted group of children and maternity clients

**COMMUNITY OUTCOMES SUPPORTED:**
- Adults and children who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of qualified clients[a] accessing services for dental clinical care | 36 | 34 | 42 | 36 | 36 |
| Percentage of dental clients whose treatment plans are completed | NA | 78 | 56 | 75 | 75 |
| Number of clients with dental infections who are diagnosed and treated[b] | NA | 23 | 142 | 25 | 25 |
| Percentage of clients with dental infections who are diagnosed and treated[b] | NA | 90 | 100 | 95 | 95 |
| **Service Quality:** | | | | | |
| Percentage of surveyed clients reporting satisfaction with services | 96 | 82 | 86 | 90 | 90 |
| **Efficiency:** | | | | | |
| Average cost per client ($) | 522 | 471 | 337 | 606 | 606 |
| **Workload/Outputs:** | | | | | |
| Number of client visits | 1,280 | 1,202 | 1,579 | 1,200 | 1,292 |
| Number of clients receiving dental services[c] | 510 | 545 | 762 | 500 | 500 |
| Number of clients enrolled in Maternity Program Partnership | 1,431 | 1,596 | 1,798 | 1,779 | 1,929 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 266 | [d]257 | 257 | 303 | 357 |
| Workyears | 3.4 | [d]3.5 | 3.5 | 3.5 | 3.5 |

**Notes:**

[a]Clients are those enrolled in the Maternity Partnership Program. These women are County residents whose family income is less than a certain percentage of the Federal Poverty Level, who have no dental insurance, and who are ineligible for Medicaid. (The percentage of the Federal Poverty level which determines eligibility varies from year to year.)

[b]A dental infection occurs when tooth decay and poor hygiene affect the nerve and blood supply of teeth and surrounding gums, resulting in swelling, pain, pus, and systemic drainage of bacteria and other by-products into the lymphatic system. This can endanger not only the mother's health but that of the developing child as well.

[c]Dental treatment available through Public Health Services is limited to teeth cleaning, fillings, and simple extractions.

[d]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

**EXPLANATION:**

Each year in the United States, more than four million women become pregnant. Pregnant women are more susceptible to oral diseases: pregnancy is associated with poor dental health and hormone-related gum disease and tumors. Poor oral health in pregnant mothers affects not only the general health status of the mother but also the health of the developing child and is believed to be a contributing factor in premature births and low birth weight babies. There are additional developmental oral health problems in the child that are associated with poor health factors in the pregnant mother. The earliest opportunity to prevent oral health problems for both the child and the pregnant mother occurs during prenatal preventive counseling and hygiene care.

Holy Cross Hospital provides prenatal care, and Department of Health and Human Services community health nurses provide case management. Qualified clients must have incomes below 250 percent of the Federal Poverty Level and be ineligible for Medicaid. The majority of the clients (70 percent) are Latino, and many come from countries where dental care is poor or nonexistent.

The rates of births to County residents that are premature, low birth weight, or result in infant death are higher than the Federal goals for 2010. Improving oral heath among pregnant women in early pregnancy should bring the County closer to meeting the 2010 goals, especially among Latino women and clients within the first and second trimester. These clients present at the most opportune time for early intervention and maximum benefit from treatment that reduces risk factors associated with poor birth outcomes.

In FY05, the program served 762 clients - 262 (52%) higher than its annual goal of serving 500 clients. Eighty-one percent (617) of maternity clients received periodontal care, 56 percent completed full care, 164 additional maternity clients accessed services via emergency care, and 100 percent of those clients were diagnosed and treated for dental infection - all of which contribute to the reduction in risk factors associated with poor birth outcomes. To enhance client access, the dental hygienist implemented a pilot delivery model: assignment of bilingual staff (0.8 workyear) to assist the dental hygienist, two open walk-in screening clinics per month, and the use of dental hygiene student externs from the University of Maryland Dental School for random two-week intervals.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Community health nurses, Holy Cross Hospital, University of Maryland Dental Hygiene School.

**MAJOR RELATED PLANS AND GUIDELINES:** Department of Health and Human Services Program Policies, Early Headstart, Baby Steps Program.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Dental Services

**PROGRAM ELEMENT:** Oral Health Promotion and Disease Prevention Education

**PROGRAM MISSION:**
To promote oral health in a targeted group of Montgomery County Public Schools second graders

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of second graders who attended classroom education on oral health | 56 | 48 | 50 | 48 | 50 |
| **Service Quality:** | | | | | |
| Percentage of teachers favorably evaluating the classroom presentation | 99 | 100 | 100 | 90 | 90 |
| **Efficiency:** | | | | | |
| Average cost per targeted second grade student ($) | 7.60 | 6.78 | 6.63 | 6.90 | 6.90 |
| **Workload/Outputs:** | | | | | |
| Number of second graders provided classroom oral health education | 4,209 | 5,014 | 5,126 | 5,000 | 5,000 |
| **Inputs:** | | | | | |
| Expenditures ($) | 32,000 | [a]34,000 | 34,000 | 34,500 | 34,500 |
| Workyears | 0.25 | [a]0.2 | 0.2 | 0.2 | 0.2 |

**Notes:**

[a]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

**EXPLANATION:**

The Maryland Children's Dental Survey shows an increased incidence of dental decay in third grade children. A nationwide dental education initiative targets prevention of additional oral diseases and traumas attributed to sports activities, accidents, tobacco use, and poor nutrition. Dental education for second grade students constitutes an early intervention strategy for prevention of oral disease and mouth trauma as children begin to develop their permanent teeth.

Education as a means to prevent disease and raise awareness of good health practices is a generally accepted strategy to promote healthy behaviors. Classroom oral health education is devoted exclusively to the second grade student population within the targeted schools. These schools have been prioritized according to the enrollment of "at-risk" children in free lunch programs. In FY03, 56 percent of targeted second graders were reached; this directly impacted 4,209 children. Due to the sniper incident and ensuing school security measures, the ability to access schools was restricted during FY03, reducing the number of second graders reached for oral health education. In FY04, the second grade population grew to 10,366, an increase of 35 percent since the program's inception. The lower percentage of students attending classroom education in FY04 (48 percent) reflects the effect of that population increase while resources for the provision of services remained constant. As an additional strategy to expand future efforts, teachers and school health nurses have designed a very basic dental education curriculum.

In FY05, an audit by the Community Review Committee provided an outstanding evaluation of the quality of this program, with additional recommendations to increase resources via grants and philanthropic sources, if possible.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** School Health Services, Montgomery County Public Schools, Maryland Dental Hygienist Association.

**MAJOR RELATED PLANS AND GUIDELINES:** Mandatory Montgomery County Public Schools Health Curriculum, United States Department of Health and Human Services - Health Resources and Services Administration, University of Maryland Student Nursing Curriculum, American Dental Association educational literature.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Dental Services

**PROGRAM ELEMENT:** Seniors Age 60 Years and Older

**PROGRAM MISSION:**
To ensure access to oral health primary prevention and treatment services for eligible seniors in order to improve the quality of life

**COMMUNITY OUTCOMES SUPPORTED:**
- Adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of eligible seniors accessing services for preventive oral health care[a] | 0.7 | 1.0 | 2.0 | 2.8 | 2.5 |
| Percentage of clients who complete their treatment plans | NA | 92 | 76 | 75 | 75 |
| Total number of early stage oral cancers detected | NA | 1 | 0 | 1 | 1 |
| Percentage of early stage oral cancers detected through client visits | NA | 0 | 0 | 1 | 1 |
| Number of dentists recruited to the program | 4 | 4 | 4 | 3 | 3 |
| **Service Quality:** | | | | | |
| Percentage of surveyed clients reporting satisfaction with services | 100 | 86 | 98 | 90 | 90 |
| **Efficiency:** | | | | | |
| Average cost per client visit ($) | 490 | 646 | 484 | 322 | 332 |
| **Workload/Outputs:** | | | | | |
| Number of client visits | 777 | 873 | 1,143 | [c]1,750 | 1,700 |
| Number of clients accessing services | 199 | 372 | 484 | [c]700 | 700 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 381 | [b]564 | 564 | 565 | 565 |
| Workyears | 4.4 | 4.4 | 4.4 | 4.4 | 4.4 |

**Notes:**

[a]An estimated 25,000 County residents age 65 and older have annual incomes below 250 percent of the Federal Poverty Level.

[b]A quality audit conducted in FY04 resulted in a reallocation of expenditures.

[c]In FY06, the program filled a long time vacancy for a full-time dental hygienist assigned to Senior Dental Services. This resulted in an increase in the number of clients served.

**EXPLANATION:**

Montgomery County's Department of Health and Human Services is the only local health department in Maryland that provides dental care for seniors. There are approximately 96,000 County residents age 65 and older. Of those, 25,000 are estimated to have an annual income below 250 percent of the Federal Poverty Level. By 2010, the proportion of the population who are seniors is expected to increase from 11 percent to 13 percent, and the number of seniors below 250 percent of the Federal Poverty Level is expected to increase to 28,300. Most seniors do not have dental insurance since it is not included in Medicare.

According to the Surgeon General's report, the number of adults 65 years and older without teeth has declined from 46 percent to 30 percent in the past 20 years. However, the percentage is higher among those living in poverty. Rates also tend to be higher for African Americans and Latinos. In addition, nursing home and other long-term care residents are at increased risk for oral disease and accompanying health problems.

The majority of seniors seen in the dental clinic are the parents or grandparents of immigrants (who serve as their sponsors) or are refugees. Due to their age and language limitations, many are not expected to work in this country. These patients present with a life-long history of dental neglect. In addition, due to their inability to access dental services in the community, seniors residing in nursing homes are often in need of oral health prevention services.

In FY04, the dental program entered a partnership grant with the Department of Recreation and provided access to dental care for 89 Asian, Black, and Latino clients. Primary prevention and screening services were provided on site via the Mobile Dental contractor, and follow-up services for extended restorative and denture services were delivered at the contractor's private practice in Silver Spring.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Contract dentists and dental hygienists, Commission on Aging, community senior living facilities, Department of Recreation/Senior Centers, community dental practices, Howard University College of Dentistry.

**MAJOR RELATED PLANS AND GUIDELINES:** Medical/dental protocols from affiliated national associations for geriatrics, the disabled, and medically compromised patients; State regulations for nursing homes; Department of Health and Human Services policies.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:**
Environmental Health Regulatory Services

**PROGRAM ELEMENT:**
Other Business Facilities

**PROGRAM MISSION:**
To provide Montgomery County residents with safe and communicable disease-free environments through the licensing of facilities

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of health-related licensed facilities receiving no complaints | 99.7 | 100 | 99.7 | 100 | 100 |
| **Service Quality:** | | | | | |
| Percentage of annual renewals completed before license expiration | 98 | 97 | 96 | 100 | 100 |
| Percentage of estimated revenues collected | 107 | 108 | 97 | 100 | 100 |
| **Efficiency:** | | | | | |
| Average expenditure per facility licensed ($) | 272 | [a]429 | 440 | 469 | 281 |
| Average net cost per facility licensed ($)[a] | NA | 191 | 219 | 224 | 83 |
| Fees collected ($) | NA | 159,225 | 144,210 | 159,140 | [c]215,125 |
| **Workload/Outputs:** | | | | | |
| Number of facilities licensed | 622 | 669 | 653 | 650 | [c]1,087 |
| Number of health-related facilities without complaints | 620 | 669 | 651 | 650 | [c]1,087 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 169 | [b]287 | 287 | 305 | 305 |
| Workyears | 3.0 | [b]3.7 | 3.7 | 3.7 | 3.7 |

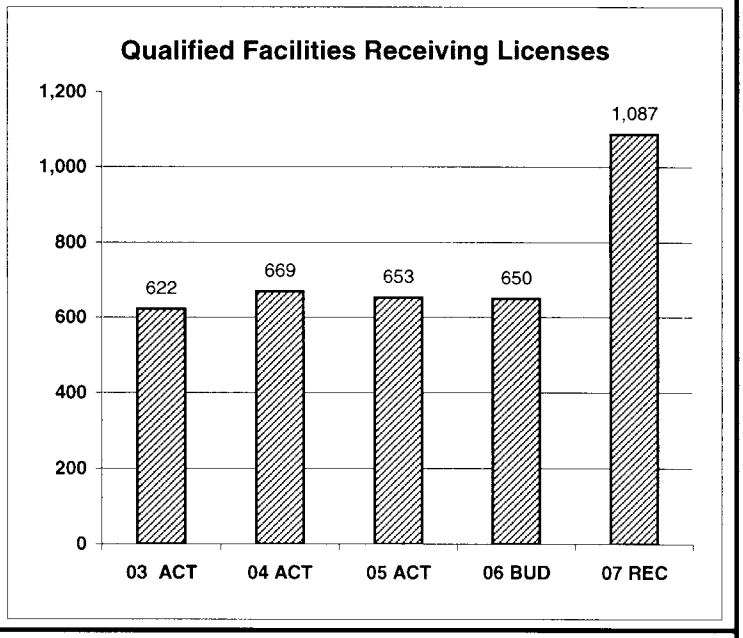
**Notes:**
[a]Computed as total expenditures less fees collected, divided by the number of facilities licensed.
[b]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.
[c]Licensing of private schools is included in FY07.

**EXPLANATION:**
There are three types of "Other Business Licenses:" revenue generators, health-related, and personal.

Revenue generators include bingo, video game, and massage establishments, and raffles. They have no health-related impact but are designed to bring in revenue for the County.

Health-related licensed facilities include tanning facilities, private schools, transient lodging (hostels, rooming houses), and enterprises (movie theaters, dancing, commercial campgrounds). These facilities are inspected for health violations as required by law once upon initial opening and later only when a customer complains.

Personal licenses apply to the manager and workers at a massage establishment. Personal licensed individuals must certify that they have a particular amount of specified training.




**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Business owners.

**MAJOR RELATED PLANS AND GUIDELINES:** Various chapters in the County Code.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Environmental Health Regulatory Services

**PROGRAM ELEMENT:** Rat Control

**PROGRAM MISSION:**
To ensure that Montgomery County residents are safe and protected from communicable diseases by reducing the number of rat complaints

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL[b] | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Number of confirmed rat complaints | 386 | 695 | 646 | 800 | 750 |
| Percentage of reported rat complaints that were confirmed | 54 | 59 | 52 | 60 | 60 |
| Percentage of confirmed rat complaints that were resolved[a] | 46 | 87 | 62 | 70 | 80 |
| **Service Quality:** | | | | | |
| Percentage of complaints responded to within five working days | 86 | 87 | 86 | 100 | 100 |
| **Efficiency:** | | | | | |
| Average cost per complaint ($) | 213 | 107 | 102 | 136 | 136 |
| **Workload/Outputs:** | | | | | |
| Number of reported rat complaints | 717 | 1,171 | 1,221 | 1,000 | 1,000 |
| Number of complaints resolved | 178 | 605 | 399 | 800 | 800 |
| Number of education programs conducted | 4 | 1 | 1 | 2 | 2 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 153 | 125 | 125 | 136 | 136 |
| Workyears | 2.0 | 1.5 | 1.5 | 1.5 | 1.5 |

**Notes:**

[a]"Resolved" means that compliance is achieved within the established timeframe, without need for a citation.

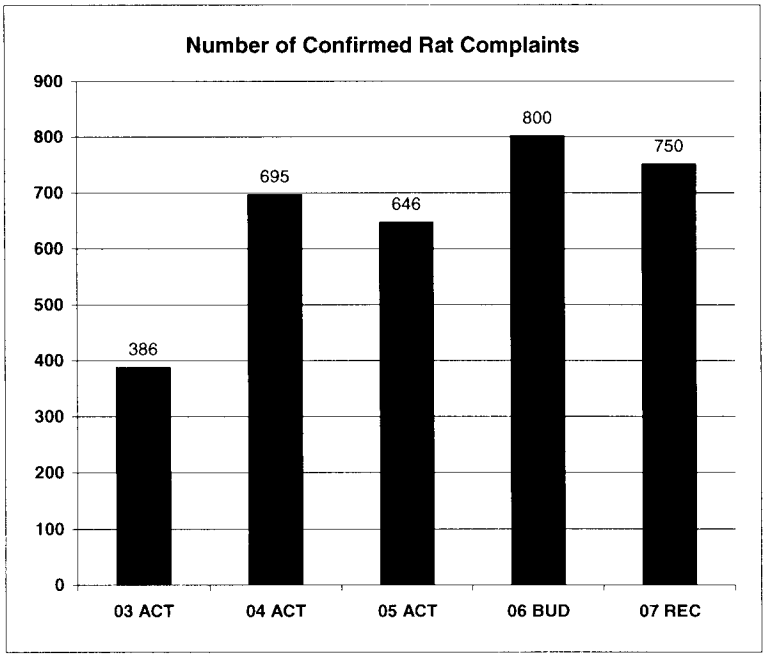
[b]During FY04, resources were temporarily re-allocated to respond to the increase in rat complaints and media attention as a result of the cicada population eruption; that re-allocation is not reflected in the workyears shown.

**EXPLANATION:**

Rats are known carriers of disease, and public health problems can develop when they live in close proximity to humans. Rats also cause economic damage by destroying food sources, stored grain supplies, and property.

Environmental Health Regulatory Services responds to rat-related complaints. The number of rat complaints is affected by seasonal changes. The complaints vary each year based on media attention, weather, and public awareness as demonstrated in FY04 when the cicada population increased, providing an easy food source for the rat population.

Inspections are conducted primarily in residential and commercial properties to eliminate rat infestation in those areas. If the property owner or tenant is not in compliance after inspection, they are given written notice concerning requirements to eliminate the problem and a specific time frame for compliance. Violators are subject to a civil citation. Additionally, the program provides educational outreach through presentations to neighborhood organizations.




**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Business owners, home owners.

**MAJOR RELATED PLANS AND GUIDELINES:** Chapter 39, Montgomery County Code.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Environmental Health Regulatory Services

**PROGRAM ELEMENT:** Smoking Enforcement

**PROGRAM MISSION:**
To protect the health of residents of Montgomery County by reducing their exposure to environmental tobacco smoke through the enforcement of anti-smoking codes in public places

**COMMUNITY OUTCOMES SUPPORTED:**
• Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of smoking complaints in non-eating establishments that were resolved | 100 | 100 | 100 | 100 | 100 |
| Percentage of smoking complaints in restaurants that were resolved | 100 | 100 | 100 | 100 | 100 |
| Percentage of facilities with violations referred to Maryland Occupational Safety and Health | 1.0 | 0.0 | 3.0 | 1.0 | 1.0 |
| **Service Quality:** | | | | | |
| Percentage of complaints regarding businesses in violation of Chapter 24.9 of the Montgomery County Code that were resolved within five days[a] | 100 | 100 | 100 | 100 | 100 |
| **Efficiency:** | | | | | |
| Average cost per inspection ($) | 36 | 34 | 29 | 36 | 33 |
| **Workload/Outputs:** | | | | | |
| Number of inspections | 4,451 | 8,264 | 5,900 | 5,000 | 5,500 |
| Number of facilities in violation of smoking codes | 0 | 91 | 160 | 100 | 100 |
| Number of citizen complaints regarding smoking in restaurants | 0 | 30 | 11 | 15 | 15 |
| Number of citizen complaints regarding smoking in businesses other than restaurants | 0 | 2 | 11 | 0 | 0 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 159 | [b]168 | 168 | 180 | 180 |
| Workyears | 2.0 | [b]1.9 | 1.9 | 1.9 | 1.9 |

**Notes:**
[a]Chapter 24-9 of the Montgomery County Code is the regulation concerning smoking in public places.
[b]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

**EXPLANATION:**
The License and Regulatory Office enforces the County's anti-smoking laws for public enclosed places in businesses other than restaurants on a citizen complaint basis. For restaurants, environmental health specialists survey food service facilities for smoking violations while conducting routine food inspections. Prior to October 2003, the health specialist made referrals to Maryland Occupational Safety and Health when the specialist believed a Maryland Occupational Safety and Health violation existed.

On October 9, 2003, Montgomery County Code 24-9 took full effect, prohibiting smoking in restaurants as in other businesses open to the public. This date marks an operational change from conducting surveys and making referrals to Maryland Occupational Safety and Health to the ability to act upon violations directly.

In an effort to prepare the food service industry for the first day of the new law, a "courtesy visit campaign" was implemented in the weeks before the law went into effect. Environmental Health Specialists visited facilities day and night to ensure that they had proper signage and that staff were familiar with their responsibilities in dealing with their customers.

The numbers of violations and citizen complaints resulting from the new smoking legislation fluctuates depending on public interest but is expected to decrease over time.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Health Promotion and Prevention; Maryland Department of Health and Mental Hygiene, Maryland Occupational Safety and Health, Department of Liquor Control.

**MAJOR RELATED PLANS AND GUIDELINES:** COMAR, Montgomery County Code Chapter 24-9.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Environmental Health Regulatory Services

**PROGRAM ELEMENT:** Swimming Pools

**PROGRAM MISSION:**
To ensure that the residents of Montgomery County are safe and protected from communicable diseases while bathing at public pools by assuring compliance with State and County codes

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

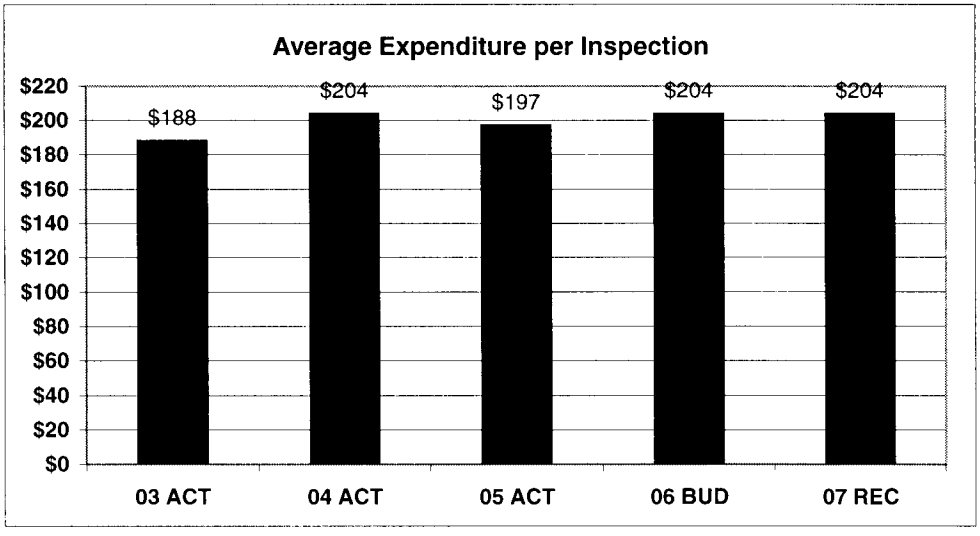
| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of swimming pools found to be compliant on routine inspection | 86 | 92 | 92 | 90 | 90 |
| Number of swimming pools closed | 276 | 177 | 163 | 200 | 200 |
| **Service Quality:** | | | | | |
| Percentage of swimming pools receiving four inspections per season | 85 | 78 | [b]64 | 100 | 100 |
| **Efficiency:** | | | | | |
| Average expenditure per inspection ($) | 188 | 204 | 196 | 204 | 204 |
| Fees collected as a percentage of expenditures | NA | 94.6 | 93.6 | 86.2 | 85.4 |
| Fees collected ($) | NA | 426,533 | 422,020 | 422,290 | 418,575 |
| **Workload/Outputs:** | | | | | |
| Number of swimming pools inspected | 1,948 | 2,215 | 2,305 | 2,400 | 2,400 |
| Number of swimming pools compliant | 1,672 | 2,038 | 2,142 | 2,160 | 2,160 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 366 | [a]451 | 451 | 490 | 490 |
| Workyears | 4.8 | [a]5.3 | 5.3 | 5.3 | 5.3 |

**Notes:**

[a]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

[b]The percentage decreased due to two vacancies, which affected the number of inspections per swimming pool.

**EXPLANATION:**
Pools are licensed from May through April of the following year. All pools are inspected four times per year. The initial inspection in May is a compliance inspection to determine if the pool meets all requirements and is generally safe to operate for the coming year. Additional inspections during the year (summer season for most pools) evaluate eleven critical reasons for potential closure of the pool, including improper chemical levels, no lifeguards, and imminent hazards that endanger the patrons. Any violation of the eleven critical items results in closure of the pool.




**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Pool owners, pool management companies, pool users.

**MAJOR RELATED PLANS AND GUIDELINES:** Chapter 15 Montgomery County Code, COMAR 10.15.03.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Environmental Health Regulatory Services

**PROGRAM ELEMENT:** West Nile Virus

**PROGRAM MISSION:**
To protect the health and safety of County residents and horses by analyzing the risks of mosquito populations, implementing control measures, and educating the public about West Nile virus

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

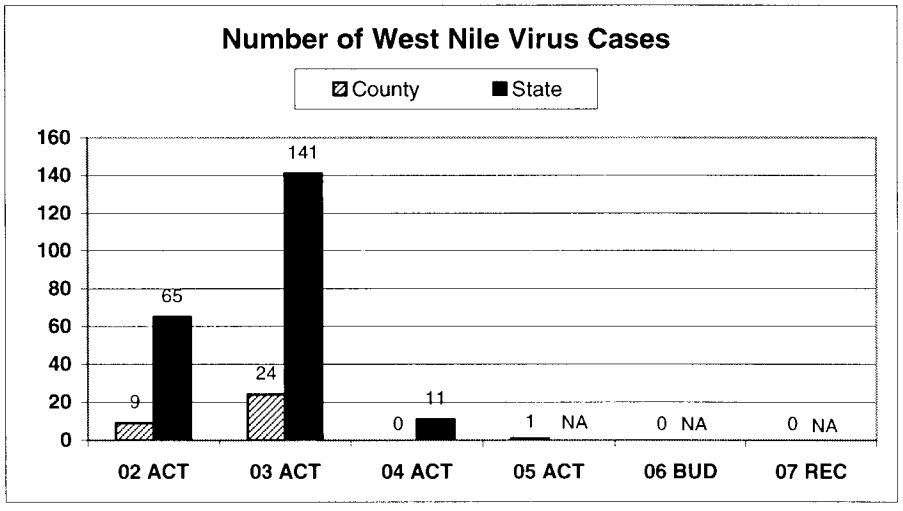
| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Rate of West Nile virus cases per 100,000 population | 2 | 0 | 1 | 0 | 0 |
| Number of confirmed West Nile virus cases | 24 | 0 | 1 | 0 | 0 |
| **Service Quality:** | | | | | |
| Percentage of samples testing positive for West Nile virus | NA | NA | NA | 0 | 0 |
| **Efficiency:** | | | | | |
| Average cost per sample submitted ($) | NA | NA | NA | 540 | 540 |
| **Workload/Outputs:** | | | | | |
| Number of samples submitted for testing by Environmental Health Specialists | NA | NA | NA | 50 | 50 |
| Number of positive West Nile virus tests from samples | NA | NA | NA | 0 | 0 |
| Number of control measures implemented[a] | NA | NA | NA | 0 | 0 |
| Number of public service announcements and/or education sessions conducted | NA | NA | NA | 3 | 3 |
| Number of coordination meetings held | NA | NA | NA | 3 | 3 |
| **Inputs:** | | | | | |
| Expenditures ($) | NA | NA | NA | 72,000 | 72,000 |
| Workyears | NA | NA | NA | 1.0 | 1.0 |

**Notes:**

[a]Control measures are actions such as application of pesticide to prevent the growth of mosquitoes or to reduce the existing population.

**EXPLANATION:**
The West Nile Virus program is responsible for establishing a logical trapping, monitoring, and testing program for the entire County. The program coordinates with the Department of Environmental Protection, the Department of Public Works and Transportation, the Department of Housing and Community Affairs, the National Park Service, and the Maryland Department of Agriculture.

In FY05, a dedicated position was approved for this program, and a Program Manager was hired in July, 2005. Program staff serves as the liaison with the above agencies, community organizations, municipalities, and adjoining county governments.




**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Department of Environmental Protection; Department of Public Works and Transportation; Department of Housing and Community Affairs; National Park Service; Maryland Department of Agriculture; other community organizations, municipalities, and adjoining counties.

**MAJOR RELATED PLANS AND GUIDELINES:** Maryland Department of Agriculture mosquito reduction program.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:**
Environmental Health Regulatory Services; Communicable Disease, Epidemiology, and Lab Services

**PROGRAM ELEMENT:**
Foodborne Diseases and Illnesses

**PROGRAM MISSION:**
To protect the public from foodborne diseases

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Incidence of major reportable cases of foodborne disease per 100,000 population | 24.0 | 15.4 | 18.8 | 20 | 20 |
| Percentage of facilities having a critical violation upon routine inspection[a] | 28.9 | 33.0 | 26.0 | 27 | 25 |
| **Service Quality:** | | | | | |
| Percentage of salmonella case investigations that are begun within two working days | 90 | 92 | 98 | 98 | 99 |
| Percentage of State-mandated inspections completed | [b]66 | 80 | 78 | [d]100 | [d]100 |
| **Efficiency:** | | | | | |
| Average expenditure per facility inspection ($) | 324 | 202 | 205 | 255 | 281 |
| Fees collected ($) | NA | 1,282,632 | 1,336,025 | 1,287,525 | 1,301,880 |
| Fees collected as a percentage of expenditures | NA | 103 | 107 | 84 | 77 |
| Average number of inspections per inspector per day | 4.0 | 4.5 | 4.0 | 5.0 | 5.0 |
| **Workload/Outputs:** | | | | | |
| Number of individuals with reportable foodborne illnesses investigated | 210 | 138 | 171 | 150 | 185 |
| Number of licensed food service facility inspections (mandated and follow up) | [b]4,002 | 6,159 | 6,072 | 6,000 | 6,000 |
| Total number of mandated inspections conducted | NA | 5,364 | 5,306 | 6,907 | 7,011 |
| Total number of mandated inpections needed | NA | 6,692 | 6,803 | 6,907 | 7,011 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 1,296 | [c]1,245 | 1,245 | 1,531 | 1,684 |
| Workyears | 16.6 | [c]13.8 | 13.8 | 14.7 | [d]16.7 |

**Notes:**

[a]Routine inspections are based on the at-risk priority established by regulations for the facility; the priorities change weekly.

[b]The lower number of inspections in FY03 was due to a reallocation of resources related to bioterrorism mandates, vacancies, and the transfer of outbreak investigations to the License and Regulatory Office.

[c]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

[d]The number of licensed food service facilities and mandated inspections has risen faster than the requisite staffing. It is hoped that the additional two workyears added in FY07 will move the program closer to its target of 100%.

[e]Shigellosis is a foodborne disease, often called bacillary dysentery, that can cause digestive disturbances ranging from mild diarrhea to severe dysentery.

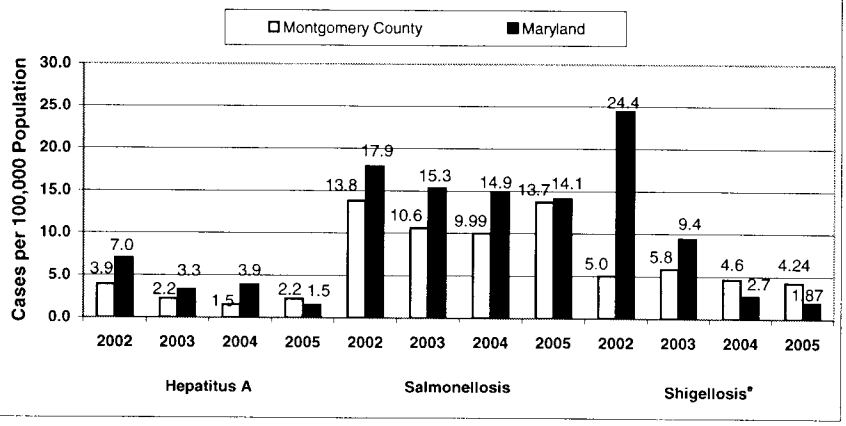
**EXPLANATION:**

These two programs issue permits, conduct inspections, enforce County laws and ordinances, and investigate and manage outbreaks in order to protect the public health from foodborne diseases. Montgomery County continues to investigate foodborne outbreaks. Spring and summer are the times of greatest activity. This is to be expected due to the increased frequency of events serving food coupled with conditions more favorable to organism growth in warm weather.

Increased surveillance and case findings account for the steady, slow decline in the number of cases and case rates for illness. Experts estimate that reported cases account for only 10 percent of the actual incidence of disease.

For FY07, the County Executive is recommending two additional Environmental Health Specialist workyears to increase the percentage of State-mandated inspections completed.

**Relative Incidence of Common Reportable Foodborne Diseases (Rate Per 100,000 Population)**




**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Maryland State Department of Health and Mental Hygiene, Centers for Disease Control, University of Maryland, other health departments, hospitals, media.

**MAJOR RELATED PLANS AND GUIDELINES:** COMAR 10.15.03, County Executive Regulation 11-93, Department of Health and Mental Hygiene Policy and Procedure Manual, County Code Chapter 15.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:**
Health Care and Group Residential Facilities

**PROGRAM ELEMENT:**
Domiciliary Care Homes (large assisted living facilities)[a]

**PROGRAM MISSION:**
To ensure quality care and a safe environment for residents of domiciliary care homes through inspections and enforcement of applicable State and County regulations

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and vulnerable adults who are safe

| PROGRAM MEASURES[b] | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of Domiciliary care homes inspected that were cited for State violations for failing to keep medications stored in a secure location | NA | NA | 38 | 35 | 35 |
| Percentage of inspections with medication error rate exceeding five percent | NA | 3.8 | 0.0 | 3 | 3 |
| **Service Quality:** | | | | | |
| Percentage of domiciliary care homes inspected annually as required by County law | 38.5 | 100 | 100 | 100 | 100 |
| **Efficiency:** | | | | | |
| Cost per domiciliary care home inspected ($) | NA | 9,846 | 9,846 | 9,926 | 10,720 |
| Total licensure fees collected ($) | NA | 21,540 | 16,440 | 17,000 | 17,500 |
| **Workload/Outputs:** | | | | | |
| Number of domiciliary care homes in the County | 26 | 26 | 26 | 27 | 25 |
| Number of annual domiciliary quality-of-care inspections by nurse surveyors[b] | 0 | 26 | 26 | 27 | 25 |
| Total number of sanitary inspections | NA | 37 | 31 | 33 | 34 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 67 | [c]256 | 256 | 268 | 268 |
| Workyears | 0.7 | [c]2.7 | 2.7 | 2.7 | 2.7 |

**Notes:**

[a]Domiciliary care homes are large assisted living facilities in which the bed capacity exceeds 16 residents.

[b]There were no health care facility nurse surveyors to conduct quality of care inspections in FY03.

[c]Two additional workyears were approved for nurse surveyors in FY04.

**EXPLANATION:**
Public Health Services' Licensure and Regulatory Office issues Montgomery County licenses to domiciliary care homes (large assisted living facilities). In January 1999, Maryland's Department of Health and Mental Hygiene (DHMH) implemented new regulations for domiciliary care homes: the State now issues such homes a Maryland Assistive Living License. The DHMH and Montgomery County's Licensure and Regulatory Office (L&R) formed a partnership years ago to prevent duplication of inspections and to utilize limited staffing resources efficiently. As a result, L&R's nurse surveyors are responsible for annual nursing inspections, follow-ups, and complaint investigations to ensure compliance with County laws.

With the addition of the two nurse surveyors in FY04, 100 percent of the domiciliary homes have been inspected, as required by County law. All 26 homes were in compliance with County laws. In addition, the percentage of homes with medication error rates exceeding 5 percent was only 3.8 percent in FY04 (one site). In FY05, the medication error rate decreased to zero.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Ombudsman Program, Maryland Department of Health and Mental Hygiene (Office of Health Care Quality - Assisted Living Unit).

**MAJOR RELATED PLANS AND GUIDELINES:** State and County laws and regulations.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Health Care and Group Residential Facilities

**PROGRAM ELEMENT:** Group Homes

**PROGRAM MISSION:**
To promote a safe environment for group home residents by ensuring provider compliance with the County's licensure application process, laws, and regulations

**COMMUNITY OUTCOMES SUPPORTED:**
• Children and vulnerable adults who are safe

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of developmentally disabled group homes that comply with County licensure requirements | 90 | 91 | 90 | 90 | 90 |
| Percentage of other group homes that comply with County licensure requirements | 84 | 84 | 87 | 90 | 87 |
| **Service Quality:** | | | | | |
| Percentage of all group homes receiving annual sanitation inspections prior to license expiration | NA | NA | NA | 100 | 100 |
| **Efficiency:** | | | | | |
| Cost per license issued ($) | NA | 492 | 475 | 612 | 654 |
| Total licensure fees collected ($) | NA | 98,452 | 99,470 | 101,000 | 101,300 |
| Fees collected as a percentage of total expenditures | NA | 65.2 | 65.9 | 48.6 | 48.7 |
| **Workload/Outputs:** | | | | | |
| Number of group homes for the developmentally disabled | 194 | 203 | 200 | 200 | 200 |
| Number of group homes issued licenses | NA | 307 | 318 | 340 | [b]318 |
| Number of annual sanitation inspections conducted (for all group homes) | 420 | 385 | 472 | 400 | 400 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 80 | [a]151 | 151 | 208 | 208 |
| Workyears | 1.0 | [a]1.5 | 1.5 | 1.5 | 1.5 |

**Notes:**
[a]A quality audit conducted in FY04 resulted in the reallocation of workyears and expenditures.
[b]Due to staffing shortages, it is taking longer for the State Office of Health Care Quality to issue State licenses. (A current State license is required for issuing a County group home license.)

**EXPLANATION:**
The Department of Health and Human Services' Licensure and Regulatory Office (L&R) issues Montgomery County licenses to group homes and other health care facilities. L&R licenses group homes with 3 to 16 residents, including homes for the elderly, the developmentally disabled, minors, and the chronic mentally ill. Quality-of-care inspections for all categories of group homes other than for the elderly (small assisted living homes) are conducted by one of the Maryland State departments or agencies. (For information on small assisted living homes, see the Small Assisted Living Homes/Group Homes for the Elderly/Congregrate Housing program measures display,) Depending on the type of group home, quality-of-care inspections are conducted by one of the Maryland State Health Department agencies or by County staff. Environmental health specialists from L&R conduct sanitation inspections for all types of group homes. The L&R Licensing Coordinator ensures compliance with County licensure regulations by coordinating and obtaining the required County approvals (e.g. sanitation, zoning, well and septic) and State approval regarding quality of care. The Licensing Coordinator ensures that the provider has submitted a complaint procedure and directs complaints to the appropriate office/staff.

If group home providers do not comply with County licensing requirements, the safety of residents can be at risk. For example, if a home does not have working smoke detectors, residents may not be able to evacuate the home promptly if there is a fire. If the home does not have an approval from the Wells and Septic Office due to inadequate sewage containers, it can affect the residents' health. If the provider does not store and prepare hot and cold foods properly, residents are at risk of developing foodborne illnesses. And if the group home does not have zoning approval for the number of residents being cared for, the building may not meet zoning or building codes.

The percentage of developmentally disabled group homes and other group homes that comply with County licensing requirements remained high in FY05. Issuing group home licenses takes longer now because the Fire and Rescue Service's code enforcement unit resumed responsibility for all group home fire inspections in March, 2005. The Licensing Coordinator is monitoring this closely and working with the Fire Marshall's office to shorten the license processing time.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Maryland Department of Health and Mental Hygiene - Office of Health Care Quality.

**MAJOR RELATED PLANS AND GUIDELINES:** Montgomery County Code Chapter 23A.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Health Care and Group Residential Facilities

**PROGRAM ELEMENT:** Nursing Homes

**PROGRAM MISSION:**
To ensure quality care and a safe environment for nursing home residents through inspections and enforcement of applicable Federal, State, and County regulations

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and vulnerable adults who are safe

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of facilities with actual harm deficiencies[a] | 9 | 25 | 25 | 13 | 15 |
| Percentage of nursing home complaints found to be in violation of Federal regulations during investigation | 26 | 25 | 27 | 20 | 20 |
| Percentage of facilities where facility-acquired pressure sores were identified during annual nursing home inspections[b] | 3.3 | 3.0 | 3.7 | 3.5 | 3.5 |
| **Service Quality:** | | | | | |
| Percentage of nursing homes inspected annually as required by County, Federal, and State laws | 95 | 89 | 92 | 100 | 100 |
| **Efficiency:** | | | | | |
| Cost per nursing home inspection ($) | 3,111 | 4,483 | 5,730 | 5,308 | 5,308 |
| Nursing home licensure fees collected ($) | 58,387 | 66,225 | 58,637 | 58,750 | 58,750 |
| **Workload/Outputs:** | | | | | |
| Number of nursing homes in Montgomery County | 38 | 35 | 35 | 35 | 33 |
| Total number of nurse surveyor inspections | 153 | 147 | 115 | 130 | 130 |
| Number of complaints cited with Federal violations[c] | 40 | 27 | 27 | 25 | 25 |
| Total number of sanitation inspections | NA | 41 | 46 | 45 | 46 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 476 | [e]659 | 659 | 690 | 690 |
| Workyears | 6.0 | [d]7.0 | 7.0 | 7.0 | 7.0 |

**Notes:**

[a]Actual harm deficiencies include physical, mental, or psychosocial injury to a resident, including violation of residents' rights. There must be a negative outcome for the resident due to facility practices or divergence from accepted principles of practice. Examples include the development or worsening of a pressure sore, loss of dignity due to lying in a urine-saturated bed for a prolonged period, failure to provide pain management to the resident, etc.

[b]Federal regulations state that "The facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates they were unavoidable." Pressure sores can be an indication of poor care and/or poor nutrition.

[c]The nurse surveyors review and analyze all information collected during the inspection to determine whether or not the facility has failed to meet one or more of the regulatory requirements (Federal, State, and County). Nurses cite deficiencies - including Federal violations - when the facility fails to comply with regulations.

[d]Includes one additional Community Health Nurse workyear to conduct quality assurance inspections of nursing homes (a new function). State Department of Health and Mental Hygiene policy prohibits this person from conducting Federal, State, or County annual, followup, or complaint inspections for nursing homes.

[e]A quality audit conducted in FY04 resulted in the reallocation of expenditures.

**EXPLANATION:**
Federal, State, and County regulations require that all nursing homes be inspected annually. Since Montgomery County had a nursing home licensure law before the Federal and State of Maryland laws, a partnership was formed years ago between the Maryland Department of Health and Mental Hygiene and Montgomery County's Licensure and Regulatory Office to prevent duplication of inspections and to utilize limited staffing resources efficiently. As a result of this partnership, community health nurses from the Licensure and Regulatory Office conduct annual, follow-up, and complaint investigations of nursing homes to ensure compliance with Federal, State, and County regulations. These inspections are unannounced and determine whether providers receive Medicare/Medicaid certification as well as State and County licenses. The inspection reports become public documents: they are posted in nursing homes and are available in public libraries and on the Internet. The failure of providers to provide quality care and promote quality of life for their residents may result in termination from the Medicare/Medicaid program, significant sanctions (including civil monetary penalties), staffing mandates, and/or denial of payment for new admissions.

Nurse inspectors identifed actual harm deficiencies in 25 percent of the nursing homes inspected in FY05. Deficiencies include residents who were identified as being in pain for various reasons (chronic illness, treatment of pressures sores, etc.) where nurse inspectors determine nursing home staff did not provide residents with adequate pain relief in a timely manner. The number of nurse surveyor inspections has decreased over the last three fiscal years in part because resident-to-resident incidents were investigated administratively or during the facility's annual survey. In FY05, 92 percent of County nursing homes were inspected. Nursing home surveys are unannounced, and Federal regulations allow "annual" surveys to be conducted between 9 and 15 months after the previous survey to keep the surveys from being predictable. The number of nursing homes (and beds) continues to vary; some nursing homes have merged, others continue to increase the number of beds. Regulations require that the nurse inspectors review a certain percentage of resident records depending on the size of the facility. Thus, larger nursing homes require more time for completion of the inspections. (Montgomery County has the largest nursing home in the State with 558 beds.) In FY05, the percentage of annual surveys and facility visits decreased due to more time spent surveying facilities with serious findings.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Ombudsman Program; Maryland Department of Health and Mental Hygiene (Office of Health Care Quality - Long Term Care Unit); Centers for Medicare and Medicaid Services.

**MAJOR RELATED PLANS AND GUIDELINES:** Federal, State, and County laws and regulations.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:**
Health Care and Group Residential Facilities

**PROGRAM ELEMENT:**
Small Assisted Living Homes/Group Homes for the Elderly/ Congregate Housing

**PROGRAM MISSION:**
To ensure the health and safety of residents in assisted living facilities by monitoring compliance with State regulations

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and vulnerable adults who are safe
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of inspected elderly homes cited for State violations for failing to keep medications stored in a secure location | NA | NA | 45 | 40 | 40 |
| Percentage of inspected elderly homes cited for State violations for failure to thoroughly[a] complete a resident incident report and/or complete the report within 24 hours of having knowledge of an incident occurring | NA | NA | 24 | 20 | 20 |
| **Service Quality:** | | | | | |
| Percentage of surveys/inspections conducted annually as required by County law[b] | NA | NA | 37 | 39 | 39 |
| Percentage of congregate homes[c] inspected annually as required by the Maryland Department of Aging | NA | NA | NA | NA | 100 |
| **Efficiency:** | | | | | |
| Average cost per home inspected/surveyed ($) | NA | NA | 2,725 | 2,673 | 2,410 |
| **Workload/Outputs:** | | | | | |
| Number of surveys/inspections conducted | NA | NA | 51 | 60 | 55 |
| Number of homes licensed by the County | NA | NA | 111 | 130 | 129 |
| Number of State licenses renewed | 79 | 58 | 90 | 130 | 129 |
| Number of congregate homes inspected annually | NA | NA | NA | NA | 6 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 152 | 139 | 139 | 147 | 147 |
| Workyears | 1.8 | 1.5 | 1.5 | 1.5 | 1.5 |

**Notes:**

[a]"Thorough" means that the incident report includes all items mentioned in the Incident Report Definition. The Incident Report is a document required by COMAR that includes the time, date, place, and individuals present during the incident; a complete description of the incident; the response of staff at the time; and follow-up actions taken (including notification to the resident's representative or family, and to licensing or law enforcement authorities when appropriate).

[b]Chapter 23A of the County Code requires that all group homes be surveyed/inspected annually. Approximately half of these homes are surveyed by the Maryland Department of Health and Mental Hygiene.

[c]Congregate housing services is a level of housing between independent living and institutionlization which combines shelter with meals, housekeeping, personal assistance, and service coordination. This level of care does not require these facilities to be licensed but It provides assistance with activities of daily living to frail older persons who require assistance in performing personal and household functions.

**EXPLANATION:**
In April 2004, the Small Assisted Living Home Program was transferred from Aging and Disability Services to the Licensure and Regulatory Office (L&R) of Public Health Services in order to provide standardized surveys/inspections in conjunction with the Large Assisted Living/Domiciliary Care homes inspected by L&R nurses. L&R surveyors inspect 55 of the 137 small group homes annually. The Maryland Department of Health and Mental Hygiene (DHMH) Office of Health Care Quality staff have been striving to survey the remaining homes in the County but do not have sufficient surveyors to do so.

Licensing and Regulatory Services does not have the capability to track outcome measures for homes inspected by the State at this time. The above data reflect only the homes inspected by County L&R surveyors.

The County requires that group homes with 3 -16 residents pass an inspection in order to be licensed. To accomplish this task, County "surveyors" (inspectors) utilize survey protocols provided by DHMH's Office of Health Care Quality. The licensure process - which includes technical assistance, cooperation, and collaboration with County and State agencies - enables the program to ensure a good quality of life for residents in these homes.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Maryland Department of Health and Mental Hygiene, Maryland Department of Aging.

**MAJOR RELATED PLANS AND GUIDELINES:** COMAR 10.07.14, Chapter 23A of the County Code.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Health Promotion and Prevention

**PROGRAM ELEMENT:** Alcohol and Drug Abuse Prevention

**PROGRAM MISSION:**

To reduce the health impact of alcohol, tobacco, and other drug use on Montgomery County residents by changing the social environment, promoting effective programs and services, enhancing the ability of community groups to resolve local problems, and reducing risk factors while increasing resiliency factors among youth and families

**COMMUNITY OUTCOMES SUPPORTED:**

- Children and adults who are physically and mentally healthy
- Young people making smart choices

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of 8th graders who report smoking tobacco in the past 30 days[a] | NA | 2.6 | NA | 2.4 | NA |
| Percentage of 10th graders who report binge drinking in the past 30 days[a] | NA | 12.6 | NA | 18.5 | NA |
| Number of model programs implemented[b] | NA | NA | 3 | 3 | 3 |
| **Service Quality:** | | | | | |
| Percentage of clients reporting increased knowledge after training | 100 | 100 | 86 | 90 | 90 |
| Percentage of clients satisfied with training sessions | 100 | 100 | 86 | 90 | 90 |
| **Efficiency:** | | | | | |
| Under-21 events per workyear | 9 | 23 | 26 | 25 | 25 |
| **Workload/Outputs:** | | | | | |
| Number of policy issues promoted | NA | 2 | 2 | 2 | 2 |
| Number of under-21 events funded | 22 | 56 | 62 | 60 | 60 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 724 | 610 | 610 | 627 | 627 |
| Workyears | 2.5 | 2.4 | 2.4 | 2.4 | 2.4 |

**Notes:**

[a]This survey is administered every two years by the Maryland State Department of Education. Binge drinking means consuming five or more drinks on one occasion.

[b]The Schools and Drug Abuse Administration funds this program and requires the implementation of model programs. Model programs have been tested in communities, schools, social service organizations, and work places across America and have provided solid proof that they have prevented or reduced substance abuse and other related high-risk behaviors.

**EXPLANATION:**

Substance Abuse Prevention Services (SAPS) bases its program on effective, research-grounded principles as delineated by the National Institute on Drug Abuse and the White House's Office of National Drug Control Policy. SAPS strives to assure that all citizens benefit from its prevention efforts and, in so doing, directs a large portion of its resources toward environmental change strategies. Research that found that environmental strategies are easier to maintain, are more cost-effective, have a broader reach, and have more substantial and enduring effects than efforts which target individuals has confirmed this approach. Major emphasis is placed on reducing risk factors and enhancing protective factors for children and youth, their families, and communities. This approach requires in-depth collaboration with other agencies and organizations to ensure comprehensive strategies.

The Substance Abuse Prevention Manager and most contractual program coordinators entered FY05 with rich experiences and lessons learned from implementing the programs for an entire year, resulting in enhanced administration and services to the public. FY05 monthly reports, program visits, and meetings indicate that implementation of Across Ages, Drawing the Line, Dare to Be You, and the Carroll Avenue Quebec Terrace Community Center is occurring as contracted. As County demographics change, the program has increased the number of Latino/Hispanic participants, creating a challenge to all programs to hire and train culturally competent staff and deliver culturally competent programs.

Highlights include strategic use of the media to promote prevention education, the Carroll Avenue/Quebec Terrace Community Center moving to a permanent site and holding a Cultural Diversity Festival attended by 138 people, and Drawing The Line partnering with other organizations to promote the Parents Who Host Lose The Most and Cops In Shops prevention programs. In addition SAPS participated in a highly successful community education program for parents and teens at the AFI Silver Theatre focusing on underage alcohol use and auto crashes which were front page County news. Over 300 parents, teens, professionals, and other interested parties attended.

There was a sharp decline in the number of adults participating in smoking cessation classes in FY05 due to the lack of funds for purchasing nicotine patches to offer to high risk, low income clients enrolling in the classes. (The offer of nicotine replacement therapies is an essential component of the smoking cessation program.) In FY06, Health Promotion and Substance Abuse Prevention will not provide individual cessation services. Those needing this service will be referred to the Cigarette Restitution Fund program for individual cessation counseling and patches, if available.

In FY06, SAPS expects to maintain the level of services provided in FY05. The program will also seek additional resources through grants to enhance the program's capacity to deliver culturally competent services and to re-institute the mini-prevention grants to indigenous organizations. Across Ages will seek to increase mentors, while Dare To Be You expects to increase the retention of at-risk families in the program.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Drawing the Line Coalition, Montgomery County Community Partnership, Maryland Association of Prevention Professionals and Advocates, Silver Spring YMCA Youth Services, Combating Underage Drinking, State Prevention Workgroup, State Alcohol and Drug Abuse Administration, Governor's Office of Crime Control and Prevention, Substance Abuse Policy Leadership Team, Community Based Prevention Intervention and Family Support Committee, Montgomery County Recreation Department and Police Department, Montgomery County Project Prom/Graduation, Emergency Nurses CARE.

**MAJOR RELATED PLANS AND GUIDELINES:** Prevention Principles for Adolescents and Children (National Institute on Drug Abuse), Alcohol and Drug Abuse Administration Standards of Prevention, Healthy People 2010, Science-Based Substance Abuse Prevention (Office of National Drug Control Policy), Children's Agenda.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Health Promotion and Prevention

**PROGRAM ELEMENT:** Injury Prevention

**PROGRAM MISSION:**
To reduce death and disability among Montgomery County residents from preventable injuries by mobilizing community partnerships, by increasing public awareness, and by providing professional consultation and training, media outreach, and distribution of injury prevention products

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Rate of unintentional (accidental) child deaths (per 100,000)[a] | 3.50 | 3.90 | 3.86 | 3.90 | 3.90 |
| Rate of pedestrian deaths (per 100,000)[a] | 1.90 | 1.90 | 1.89 | 1.90 | 1.89 |
| Percentage of residents wearing seat belts | 89.3 | 89.0 | 89.0 | 90.0 | 90.0 |
| Percentage of non-professional participants in Shaken Baby education programs who increase their understanding of the problem[b] | 89.7 | 93.0 | 93.0 | 89.0 | 89.0 |
| **Service Quality:** | | | | | |
| Percentage of customers satisfied with injury prevention education sessions[c] | NA | NA | NA | NA | TBD |
| **Efficiency:** | | | | | |
| Cost per injury prevention product distributed ($) | 47 | 64 | 66 | 68 | 58 |
| **Workload/Outputs:** | | | | | |
| Number of cases reviewed by the Child Fatality Review Team[a] | 25 | 27 | 27 | 25 | 28 |
| Number of bicycle helmets distributed[d] | 1,000 | 1,320 | 1,100 | 1,000 | 625 |
| Number of car seats distributed | 900 | 893 | [e]560 | 600 | 550 |
| Number of reflective materials distributed | 6,000 | 4,000 | 4,400 | 4,000 | 6,000 |
| Number of Shaken Baby educational sessions conducted | 83 | 67 | 64 | 60 | 60 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 382 | 397 | 397 | 420 | 420 |
| Workyears | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 |

**Notes:**

[a]Calendar year figures (FY04 = CY03). The first outcome measure depends on the publication of Maryland Vital Statistics. Unintential injuries (accidents) are defined by the Maryland Vital Statistics Administration and the National Center for Health Statistics: ICD-10 diagnosis codes Vo1-X59, Y85-Y86.

[b]Based on pre- and post-tests.

[c]Baseline data for this new measure will be collected in FY07.

[d]The continuing decline in the number of helmets distributed is due to limited funds and cost increases.

[e]The decrease in car seats distributed is due to limited funds. Beginning in FY05, a fee is being charged for the car seats.

**EXPLANATION:**
Injury is the number one cause of death and disability among children under the age of 14. Nationally, three out of four injury deaths are unintentional. Causes of unintentional deaths and injuries include motor vehicle crashes, discharges of firearms, falls, fires, and drowning. Montgomery County's Child Fatality Review Team (CFRT) performs detailed reviews of all deaths of children from birth to age 18 referred to the State Medical Examiner. The CFRT identifies trends and patterns that contribute to childhood deaths, providing knowledge to help plan interventions to prevent future deaths.

Child abuse and homicide are intentional forms of injury. Shaken baby syndrome is an example of such an injury. It occurs when a child's head is whiplashed back and forth during shaking or from blunt force trauma when a child is thrown against a solid surface. The syndrome affects 3,000 - 5,000 babies or young children in this country every year.

In FY04, gun lock distribution was discontinued, and there was a reduction in the number of reflective materials distributed due to decreased funding for these activites. However, there was an increase in bike helmets distributed in FY04: over 1,300 bike helmets were provided to help reduce bike-related injuries. In FY05, the Shaken Baby program training was expanded to include the Child Care Administration's SIDS (Sudden Infant Death Syndrome) training for Licensed Child Care Providers, Teen Dating Violence Awareness/Prevention, Domestic Violence/Family Violence Prevention During Pregnancy, Prevention of Missing and Exploited Children, Effects of Domestic/Family Violence on Unborn Children, and Early Brain Development in the first three years of life.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Montgomery County Police Department, Montgomery County Fire and Rescue Service, Montgomery County Office of Consumer Affairs, Montgomery County Public Information Office, Suburban Hospital, Holy Cross Hospital, Adventist Health Care Systems, Cooperative Extension Services - 4H, Emergency Nurses Association, State Highway Safety Office, Rockville City Police, Gaithersburg City Police, Montgomery County Recreation Department, AAA, State Farm Insurance, Project Prom, Progressive Insurance Company, Allstate Insurance, Maryland Pedestrian and Bicycle Advisory Committee, Maryland State Parole and Probation, Maryland-National Capital Park Police, Fitzgerald Automall, Drawing the Line, Safe Communities, School Health Services, Walk DC, Safe Neighborhood Day Inc., Montgomery County Public Schools, State delegates, staff of the Blue Ribbon Panel on Pedestrian and Traffic Safety, Hospitality Resource Panel, Mothers Against Drunk Driving, Insurance Institute for Highway Safety, Network of Employers for Traffic Safety, Maryland Safety Council, Federal Highway Administration, Women Leaders of Highway Safety, Consumer Products Safety Commission, Families Foremost, Responsible Fathers, Americaid Corporation, Health Care Coalition, Healthy Families Montgomery, individual citizen volunteers interested in injury prevention.

**MAJOR RELATED PLANS AND GUIDELINES:**

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Office of Minority and Multicultural Health Services

**PROGRAM ELEMENT:** African American Health Program

**PROGRAM MISSION:**
To eliminate health disparities between African-Americans and other populations in Montgomery County through community-based coalitions that will advocate for increased access to health services, develop and implement strategies for prevention of diseases, and increase public awareness of health needs

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:**[a] | | | | | |
| Rate of African-American infant mortality per 1,000 live births | 7.6 | 15.7 | NA | 8.0 | 8.0 |
| Percentage of hospital discharge patients diagnosed with diabetes-related diseases who are African-Americans[b] | 32 | 40 | 32 | 32 | 32 |
| Percentage of new AIDS cases that are African-Americans | 47 | 47 | NA | 47 | 47 |
| Number of abnormalities found through oral cancer screening | 26 | 34 | 43 | 13 | 20 |
| Number of individuals identified with hypertension and referred for medical follow-up | NA | NA | 150 | 75 | 100 |
| **Service Quality:** | | | | | |
| Percentage of program participants surveyed who report satisfaction with the services | 85 | 90 | 90 | 92 | 92 |
| Percentage of African-Americans who demonstrate an increase in knowledge after taking diabetes education classes | NA | NA | 85 | 85 | 90 |
| **Efficiency:** | | | | | |
| Cost per educational activity ($) | 184 | 190 | 198 | 244 | 244 |
| Cost per pregnant woman case-managed ($) | 1,641 | 1,685 | 1,821 | 1,573 | 1,573 |
| **Workload/Outputs:** | | | | | |
| Number of Wellness Center clinic visits | 279 | 746 | 850 | [c]2,000 | 2,000 |
| Number of pregnant and post-delivery women case-managed | 47 | 83 | 96 | 120 | 135 |
| Number of babies up to one year of age case-managed | NA | 57 | 85 | 90 | 90 |
| Number of participants in HIV Prevention Programs[d] | 275 | 371 | 486 | 400 | 400 |
| Number of participants in diabetes education activities | 188 | 292 | [e]132 | 132 | 132 |
| Number of groups getting mini-grants for educational activities | 18 | 12 | [f]6 | 6 | 10 |
| Number of patients screened for oral cancer | 1,192 | 852 | [g]779 | 425 | 425 |
| Number of clients referred and screened for colorectal cancer | NA | NA | 56 | 50 | 60 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 796 | [h]825 | 900 | 1,110 | 1,418 |
| Workyears | 1.8 | [h]1.3 | 1.3 | 1.3 | 1.3 |

**Notes:**

[a]Outcome data are reported by calendar year (FY04 = CY03).

[b]African-Americans make up 15 percent of the County's population.

[c]The increase in the projected number of wellness visits in FY06 is based on an increase in the number of wellness clinics to be held and increased hours for day clinics. The addtional workload will be handled by adding another contract staff person.

[d]Nearly 50 percent of new AIDS cases are African Americans.

[e]The decrease in the number of participants between FY04 and FY05 was caused by changes in the venues used for education activities. All venues were subsequently assessed, and new venues have been identified.

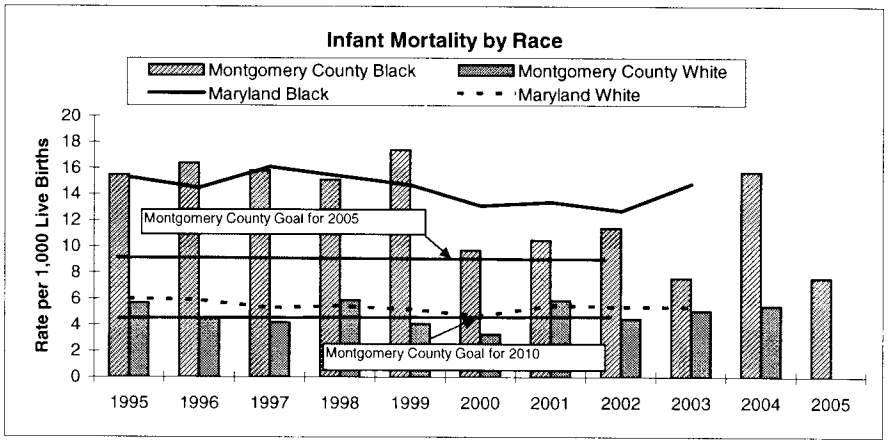
[f]The decrease in the number of mini-grant awards arose from a change in the award process, resulting in enhancements to well-performing programs.

[g]In FY05, State funding for oral cancer screening was cut, resulting in a significant decrease in the number of screenings the program is able to conduct.

[h]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

**EXPLANATION:**
The Department of Health and Human Services implemented the African American Health Program to address health disparities that are disproportionately affecting African Americans. The program is composed of community-based coalitions in the areas of infant mortality, diabetes, HIV/AIDS, oral health (oral cancer), and other chronic diseases, such as heart disease and cancers. The program provides clinic services through The People's Community Wellness Center, nurse case management for pregnant women, health education, intervention, and prevention activities to improve the health status of African Americans in Montgomery County. The FY06 increase in funds will be used to contract for an additional community health nurse to increase the case management capacity for pregnant women and children up to one year of age and to expand media outreach for HIV prevention.

For FY07, the County Executive is recommending additional funds for an African and Carribean immigrants needs assessment and a Diabetes Nurse Educator to enhance the diabetes education program.




**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** The People's Community Baptist Church, Academy for Educational Development; Holy Cross Hospital; Adventist Health Care; Centers for Disease Control; Maryland Department of Health and Mental Hygiene; the faith community; other community leaders, members, and partners.

**MAJOR RELATED PLANS AND GUIDELINES:** U.S. Department of Health and Human Services - Healthy People 2010 goals and objectives, Montgomery County Health Status Reports.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:**
Office of Minority and Multicultural Health Services

**PROGRAM ELEMENT:**
Community Health Promoters[a]

**PROGRAM MISSION:**
To train community health promoters[a] to provide health education, outreach activities, and assistance with access to care for the medically underserved people of Montgomery County

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of health promoters who increased their knowledge of health behaviors[b] | NA | NA | NA | 50 | 50 |
| Percentage of health promoters who increased their knowledge during refresher course[b] | NA | NA | NA | NA | 50 |
| Percentage of clients served who were referred to other County programs | NA | NA | 48 | 50 | 50 |
| **Service Quality:** | | | | | |
| Percentage of trained health promoters retained | 70 | 87 | 86 | 75 | 75 |
| **Efficiency:** | | | | | |
| Cost per trained health promoter ($) | 922 | [c]639 | 788 | 666 | 606 |
| **Workload/Outputs:** | | | | | |
| Number of new health promoters trained | 109 | 136 | 85 | 96 | 100 |
| Average number of active health promoters | NA | NA | NA | NA | 160 |
| Number of individuals served by health promoters | 586 | 1,153 | 2,453 | 2,450 | 3,000 |
| Number of health promoter education classes conducted | NA | NA | NA | NA | 50 |
| Number of newsletters distributed | NA | NA | NA | NA | 3,000 |
| Number of health promoters attending monthly meetings | NA | NA | NA | NA | 100 |
| Number of community educational activities | 1,722 | 2,607 | 755 | 300 | 300 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 150 | [c]87 | 87 | 97 | 97 |
| Workyears | 0.8 | 0.8 | 0.8 | 0.8 | 0.8 |

**Notes:**
[a]Health promoters are lay persons from the community willing to collaborate voluntarily to be trained to provide health information to other community members.
[b]This is assessed using pre/post tests.
[c]A quality audit conducted in FY04 resulted in a reallocation of expenditures.

**EXPLANATION:**
The health promoter programs are: Up County Multicultural Health Promoters, Hispanic Health Promoters, G.O.S.P.E.L Health Promoters, Multicultural Health Promoters, Asian American Cancer Prevention Health Promoters, Heads Up Barbershop Ambassadors, African American Community-Based Health Promoters, School Based Health Center Multicultural Health Promoters, and STD/HIV Prevention Health Promoters. These nine programs span several areas within Public Health Services. The programs train lay persons of diverse racial, ethnic, and multicultural backgrounds who are interested in improving the quality of health in their communities. The health promoters become knowledgeable in areas such as disease prevention, nutrition, physical activity, diabetes, cancer prevention, and blood pressure screening, as well as County and social resources. As a result, the health promoters play a very important role in linking the community to health services: they know the community and its problems. In addition, the health promoters' training allows them to become the ideal persons to serve as referral sources and as healthy lay persons for the growing number of new immigrants in the County.

The goal of Public Health Services for this program is to provide effective and appropriate training to the health promoters so that they can serve as effective information resources and liaisons to advocate for better health in their communities and can assist the underserved in obtaining access to health care. The health promoters' knowledge base of health programs and community resources is assessed through pre- and post-tests during their training. With the continuing use of health promoters to provide education to the community, the Department is working to provide more effective, ongoing training to support this effort.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Maryland Department of Health and Mental Hygiene, School Health Services, African American Health Program, Latino Health Initiative, Asian American Health Initiative, Cigarette Restitution Fund, Health Choice, Holy Cross Hospital, Washington Adventist Hospital.

**MAJOR RELATED PLANS AND GUIDELINES:**

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Office of Minority and Multicultural Health Services

**PROGRAM ELEMENT:** Latino Health Initiative[a]

**PROGRAM MISSION:**
To foster the establishment of a coordinated, integrated, and culturally competent system of care for the low-income Latino population by developing, implementing, and evaluating a health agenda that is responsive to their needs

**COMMUNITY OUTCOMES SUPPORTED:**
• Children and adults who are physically and mentally healthy

| PROGRAM MEASURES[a] | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of persons reporting improved health behaviors[b] as a result of the Latino Youth Wellness Program | NA | 22 | 27 | 22 | 22 |
| Percentage of individuals who accessed services as a result of contacting the Latino Health Initiative bilingual information line | NA | NA | NA | 60 | 70 |
| Percentage of clients who completed colonoscopies as a result of referrals | NA | 90 | 100 | 90 | 90 |
| Percentage of nurses completing components in preparation for the Registered Nurse examination | NA | NA | NA | TBD | TBD |
| **Service Quality:** | | | | | |
| Percentage of parents satisfied with the Latino Youth Wellness Program | NA | 95 | 91 | 85 | 90 |
| Percentage of youths satisfied with the Latino Youth Wellness Program | NA | 96 | 88 | 85 | 90 |
| Percentage of participants in the nurses pilot program who reported being satisfied | NA | NA | NA | 75 | 85 |
| Percentage of participants in the nurses pilot program who were retained | NA | NA | NA | 60 | 60 |
| Percentage of clients satisfied with referral and interpreter services | NA | 94 | 95 | 85 | 90 |
| **Efficiency:** | | | | | |
| Average cost per Youth Wellness Program training session ($) | NA | 34 | 34 | 34 | 34 |
| Average cost per medical interpreter service ($) | NA | 50 | 50 | 50 | 50 |
| **Workload/Outputs:** | | | | | |
| Number of youths in the Latino Youth Wellness Program | NA | NA | NA | 115 | 165 |
| Number of participants in the Latino Youth Wellness Program completing the health assessment survey | NA | 50 | 68 | 90 | 129 |
| Number of one-on-one counseling sessions provided by Latino Youth Wellness Program | NA | 720 | 530 | 800 | 1,114 |
| Number of one-to-one referrals/encounters provided by the Latino Health Initiative bilingual information line | NA | 2,849 | 4,382 | 4,300 | 4,300 |
| Number of medical interpreter services provided | NA | 1,846 | 1,655 | 2,000 | 2,500 |
| Number of one-to-one interventions with Latino clients to facilitate access to cancer screening services | 398 | 322 | 97 | 100 | 100 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 525 | 724 | 799 | 1,207 | 1,452 |
| Work years | 1.2 | 1.2 | 4.1 | 4.1 | 5.1 |

**Notes:**
[a]The Latino Health initiative officially began in FY01. However, after a major study in FY02, the focus of the program changed. FY04 was the first year for data collection.
[b]Healthy behaviors include reducing alcohol and tobacco use, avoiding risky sexual behavior, and increasing physical activity.

**EXPLANATION:**
The County Executive and the County Council established the Latino Health Initiative (LHI) in July 2000 to develop, implement, and evaluate a plan of action to address the health needs of low-income Latinos in Montgomery County. Specific functions of the Initiative are to: (1) enhance the coordination of efforts among existing programs and services targeting Latinos; (2) develop and test models of programs and services to effectively reach Latinos; and (3) provide technical assistance and advice to individuals in decision-making positions regarding Latino health-related issues. LHI staff work in close coordination with a Steering Committee of ten entities from the national, State, and local levels serving Latinos. The Steering Committee provides technical guidance and oversight of LHI activities and works in close collaboration with County officers and elected officials to ensure that Latino health needs are adequately addressed.

In FY05, Cigarette Restitution Funds were reduced. Additional County funds approved for FY05 were directed toward enhancing the Health Promoter Program by adding a Program Specialist II. The increased funds allowed the program to provide enhanced training and monitoring of the health promoters, acquire the necessary educational resources and incentives to assist the promoters in their interventions, develop targeted approaches to high risk areas in the County, increase the use of preventive health care, and provide the health promoters with enhanced leadership skills.

During FY06, the LHI received County funding to conduct a pilot program to facilitate the nursing licensure of foreign-trained Latino nursing professionals. This program is a collaborative venture between the LHI, Montgomery College, Holy Cross Hospital, Adventist Health Care, and the Workforce Investment Board. Through a grant provided by the University of Maryland School of Medicine, during FY05 and FY06 the LHI conducted a Latino cancer survey reaching 500 households. In addition, through funding provided by the Maryland Department of Health and Mental Hygiene, the LHI conducted an asthma management program. Through its Data Workgroup, the LHI is bringing together stakeholders to collaboratively develop and implement an action plan to enhance current systems that collect, analyze, and report health data on Latinos.

For FY07, the County Executive is recommending additional funding for a Data Coordinator position, funds to enhance the Latino Wellness project and the System Navigator and Interpreter project, and funding to evaluate the Latino Health Initiative strategic plan.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** National Council of La Raza, University of Maryland School of Medicine, Montgomery College, George Washington University, CASA of Maryland, Hispanic Chamber of Commerce, Identity, Inc., Spanish Catholic Center, Community Ministries of Rockville, National Heart Lung and Blood Institute, Primary Care Coalition, Holy Cross Hospital, Adventist Hospital, Proyecto Salud, EVS Communications, Offices of the County Executive, Community Health Link, State University of New York at Buffalo, Latin American Advisory Committee to the County Executive, Center for Health Disparities, Montgomery Workforce Investment Board, Career Transition Center, Inc., Welcome Back Initiative in California, Community Housing Partnership. Inc., Linkages to Learning, American Cancer Society, Up County Multicultural Health Promoters Program.

**MAJOR RELATED PLANS AND GUIDELINES:** Blueprint for Latino Health, Executive Summary 2002 - 2006, Status of Licensure of Foreign-Trained Nursing Professionals in the State of Maryland, Healthy People 2010, The Sullivan Commission Report.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Office of Partnership and Health Planning

**PROGRAM ELEMENT:** Care For Kids Program

**PROGRAM MISSION:**
To improve access to health care for uninsured children

**COMMUNITY OUTCOMES SUPPORTED:**
• Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of eligible Care For Kids children linked to a medical care provider | 83 | 82 | 86 | 80 | 80 |
| **Service Quality:** | | | | | |
| Percentage of clients satisfied with their health care provider | 90 | 80 | 88 | 90 | 90 |
| Percentage of referred children linked with a provider within one month of referral from a Service Eligibility Unit[a] | 51 | 65 | 61 | 55 | 60 |
| **Efficiency:** | | | | | |
| Average cost per child to provide medical care ($) | 257 | 270 | 268 | 298 | 336 |
| **Workload/Outputs:** | | | | | |
| Number of children referred from Service Eligibility Units to Care For Kids | 950 | 870 | 904 | [c]2,000 | 1,000 |
| Number of children newly enrolled with Care For Kids providers | 785 | 716 | 777 | [c]1,968 | 900 |
| Total number of participating children | 2,728 | 2,691 | 2,714 | [c]3,900 | 3,900 |
| **Inputs:** | | | | | |
| Expenditures ($000)[b] | 701 | 727 | 727 | [c]1,164 | [d]1,312 |
| Workyears[b] | 0.6 | 0.6 | 0.6 | 0.6 | 0.6 |

**Notes:**

[a]Service Eligibility Units are part of a Department of Health and Human Services program that helps uninsured County residents access a variety of Federal, State, and County funded health programs.

[b]Expenditures and workyears include the contract monitoring effort and represent the full cost associated with service delivery.

[c]This includes a supplemental to serve an additional 1,200 children because of the termination of State-only Medical Assistance coverage for legal residents who have lived in the country less than five years.

[d]The increase represents the annualized cost to continue to provide medical and dental care for the 1,200 children added in FY06.

**EXPLANATION:**
The Care For Kids Program (CFK) supports the goal of the Montgomery County Government that all children in the County will have health insurance and access to health care by providing services to children who do not qualify for the Maryland Children's Health Program (MCHP) or Medical Assistance. The Primary Care Coalition (PCC) of Montgomery County handles administrative and enrollment responsibilities under a contract with Public Health Services. Children are screened for eligibility by the Department of Health and Human Services Service Eligibility Units and then referred to the PCC, where they are linked to a medical provider.

Research indicates that adherence to the American Academy of Pediatrics guidelines on well-child visits is associated with a decrease in avoidable hospitalizations among poor and near-poor children regardless of race, family poverty level, or health status of the child. Having a regular source of health care promotes the use of preventive services. One study indicates that uninsured children are eight times less likely to have a regular source of health care than insured children. Research also shows that children who are insured are more likely to be healthy, and children who are healthy are more likely to succeed in school.

Eligibility requirements for both the Maryland Children's Health Program (MCHP) and Care for Kids changed during FY04. Beginning in January 2004, the eligibility cap for Care for Kids (CFK) was reduced from 250 percent of the Federal Poverty Level (FPL) for all applicants to 200 percent of the FPL for children ages 0-5 years and 185 percent for children over age 5. Eligibility requirements returned to prior levels in FY05.

An estimated additional 1,200 children were eligible for the Care for Kids Program as of July 1, 2005 (FY06) due to the end of State-only Medical Assistance coverage of legal residents who have lived in the country less than five years.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** School Health Services, Dental Program, Primary Care Coalition, Service Eligibility Units, Montgomery County Public Schools, Kaiser Permanente, Community Clinic, Inc.

**MAJOR RELATED PLANS AND GUIDELINES:** Children's Medical Services; Care For Kids Case Management Services; Early Periodic Screening, Diagnosis and Treatment (EPSDT); American Academy of Pediatrics.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:**
Office of Partnership and Health Planning

**PROGRAM ELEMENT:**
Fetal and Infant Mortality Review Board (FIMR)

**PROGRAM MISSION:**
To further reduce fetal and infant mortality and improve perinatal[a] systems through the analysis of qualitative and quantitative record reviews and maternal interviews

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Rate of infant mortality in Montgomery County per 1,000 live births | 5.5 | [b]7.2 | 7.2 | 7.2 | 7.2 |
| **Service Quality:** | | | | | |
| Percentage of FIMR meetings where two or more cases are reviewed | 100 | 100 | 100 | 100 | 100 |
| **Efficiency:** | | | | | |
| Cost per Review Board meeting ($) | 17,857 | [c]18,750 | 21,428 | 29,571 | 29,571 |
| Cost per quantitative or qualitative review conducted ($) | 1,488 | [c]1,705 | 1,786 | 2,464 | 2,464 |
| **Workload/Outputs:** | | | | | |
| Number of quantitative record reviews conducted | 70 | 70 | 70 | 70 | 70 |
| Number of qualitative record reviews conducted | 14 | 18 | 14 | 14 | 14 |
| Number of Review Board meetings held | 7 | 8 | 7 | 7 | 7 |
| Number of maternal interviews conducted | 18 | 19 | 18 | 18 | 18 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 125 | [c]150 | 150 | 207 | 207 |
| Workyears | 1.5 | [c]1.7 | 1.7 | 1.7 | 1.7 |

**Notes:**
[a]Perinatal refers to the entire pregnancy and after-birth period.
[b]There was a change in classification from fetal deaths to live birth deaths in 2004.
[c]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

**EXPLANATION:**
In 1998, Montgomery County established a Fetal and Infant Mortality Review (FIMR) Board. As described by the National FIMR Program, "FIMR provides for improved public health needs assessment and quality assurance, as well as a basis for policy development" towards reducing infant mortality. The FIMR Board is designed to provide qualitative perinatal record review and analysis of County fetal and infant deaths in an effort to reduce infant morbidity and mortality and improve perinatal systems infrastructure.

The four leading causes of infant death in Maryland (as of 2004) are: disorders relating to short gestation and low birth weight, congenital anomalies, maternal complications of pregnancy, and Sudden Infant Death Syndrome. According to the Healthy People 2010 objectives, infant mortality should be reduced to a rate of 4.5 per 1,000 live births. Maryland data on infant mortality rates for 2004 show an increase in the black infant mortality rate for Montgomery County (from 7.6 in 2003 to 15.3 per 1,000 live births in 2004). The overall 2004 infant mortality rate in the County increased to 7.2 per 1,000 live births. The increase is likely attributable to a shift in classification from "fetal deaths" to "live birth deaths" in 2004. Montgomery County FIMR data indicate that the total number of deaths (live birth deaths and fetal deaths combined) was essentially the same for both years.

The Community Action Team (CAT) was developed in March 2002 as an independent Board to implement recommendations from the FIMR. Accordingly, CAT develops new and creative solutions to improve services and resources for families that enhance the credibility and visibility of issues related to women, infants, and families within the broader community, and works with the community to implement interventions which improve services and resources.

In FY06, the FIMR and its Community Action Team is focusing on two areas for perinatal systems improvements: provider education and community education. They developed and presented a Grand Rounds Program at County hospitals for emergency department clinicians to increase awareness of infant mortality rates and racial disparities in birth outcomes, County resources available to improve pregnancy outcomes, and underlying causes of fetal and infant mortality. They worked in partnership with the African American Health Program's Infant Mortality Program to raise awareness of the importance of pre-conception health. Working with the Blake High School Media Arts program, they helped develop and distribute to local cable networks a 30 second public service announcement to promote good nutrition and healthy lifestyles for adolescents and young adults before pregnancy has occurred. They also initiated meetings with County and non-County behavioral health agencies in order to assess current resources and needs for improved perinatal mental health care delivery in the County. In addition, they held networking sessions with many agencies from the private and public sectors.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** State Center for Maternal and Child Health, Collaboration Council, Child Fatality Review Board, MedChi, African American Health Initiative Infant Mortality Committee, Family Services Agency, Inc., Blake High School Media Arts Program, Montgomery County Television, Montgomery County Public School Instructional Television.

**MAJOR RELATED PLANS AND GUIDELINES:** American College of OB/GYN standards and guidelines, Centers for Disease Control and Prevention, Food and Drug Administration (radiology standards), Healthy Start Reference Manual, Center for Medicare and Medicaid Services, National Fetal and Infant Mortality Review Program, Health Resources and Services Administration's Maternal and Child Health Bureau.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Office of Partnerships and Health Planning

**PROGRAM ELEMENT:** Montgomery Cares

**PROGRAM MISSION:**
To make primary care services available to low-income, uninsured County adults

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of uninsured County adults[a] who received primary care at one of the participating clinics | 15.9 | 10.6 | 12.4 | 16.3 | 21.3 |
| Percentage of diagnosed clients who receive formal diabetes education | 45 | [b]32 | 43 | 43 | 43 |
| **Service Quality:** | | | | | |
| Percentage of surveyed adults who report they are satisfied or very satisfied with the services provided | 93 | 97 | 97 | 95 | 95 |
| **Efficiency:** | | | | | |
| Average cost per client for primary care ($) | 78 | 161 | 174 | 353 | 353 |
| Average cost per visit ($) | 42 | 53 | 60 | 117 | 117 |
| Average number of clinic visits per patient | 1.9 | 3.0 | 2.9 | 3.0 | 3.0 |
| **Workload/Outputs:** | | | | | |
| Number of uninsured adults seen for primary care | 12,752 | 8,480 | [c]9,920 | 13,000 | 17,000 |
| Number of participating primary care clinics | 6 | 8 | 9 | 11 | 10 |
| Number of clinic referrals made to medical specialists[d] | 2,842 | 3,184 | 2,944 | 3,000 | 3,000 |
| Total number of clinic visits | 23,968 | 25,900 | 28,831 | 39,000 | 51,000 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 1,000 | 1,368 | [e]1,728 | [f]4,960 | [f]9,960 |
| Workyears | 0.5 | 0.5 | 0.5 | 0.5 | 3.0 |

**Notes:**

[a]It is estimated that 80,000 uninsured County adults aged 19 - 64 have incomes below 250% of the Federal poverty level.

[b]The diabetes education standard was changed in FY04 from participation in a minimum of one class to a minimum of three classes.

[c]By June 2005, all clinics converted from manual to automated reporting systems, improving the accuracy of unduplicated patient counts.

[d]Referrals made through Project Access or the Archdiocesan Health Care Network.

[e]This increase represents increased funding for the Pharmacy Program and the electronic records system.

[f]The increase in expenditures reflects the County Executive's initiative to expand this program.

**EXPLANATION:**
Rewarding Work, renamed Montgomery Cares, was established in October 1999 to develop a system of primary health care for the County's estimated 80,000 low-income, uninsured adults. The County has contracted with the non-profit Primary Care Coalition (PCC) to develop this system of care and to manage subcontracts for direct services with non-profit community clinics and other organizations. The number of participating clinics has grown from three in FY01 to nine in FY06. The program includes funds for medications, medical specialty referral programs, system enhancements, and program administration.

FY06 is the first year of the County Executive's five-year initiative to expand health care coverage to 40,000 uninsured Montgomery County residents by fiscal year 2010. For FY07, the County Executive is recommending funding and staff for the second year commitment of the five-year expansion effort, increasing the number of individuals receiving health care services to 17,000 in FY07.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Primary Care Coalition, Archdiocesan Health Care Network, Asian Indians for Community Service, Inc., Chinese Culture and Community Service Center, Community Clinic, Inc., Community Ministry of Rockville, Community Ministry of Montgomery County, Inc., Holy Cross Hospital, Korean Community Service Center, L'AMI, Mid-Atlantic Medical Services Inc., Mercy Clinic, Mobile Medical Care, Inc., Muslim Community Center, The People's Community Baptist Church, Inc., Proyecto Salud, Spanish Catholic Center.

**MAJOR RELATED PLANS AND GUIDELINES:** Montgomery County Community Health Improvement Plan, Maryland Health Improvement Plan, Healthy People 2010.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:**
Public Health Emergency Preparedness Response Program; Environmental Health Regulatory Services

**PROGRAM ELEMENT:**
Emergency Preparedness

**PROGRAM MISSION:**
To ensure a competent and functional public health infrastructure for responding to natural and man-made disasters, bioterrorism, and other mass casualty events by developing and implementing emergency plans, participating in training and exercises, and improving surveillance and response capabilities

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of County Emergency Operations Plans reviewed that were in compliance with the mission of the Department of Health and Human Services | 100 | 100 | 100 | 100 | 100 |
| Percentage of County employees completing "Public Health Ready" emergency preparedness training[a] | 10 | 95 | 99 | 95 | 95 |
| Number of County residents informed through outreach (duplicated count) (000)[b] | 1,228 | 1,500 | 1,500 | 1,500 | 1,500 |
| **Service Quality:** | | | | | |
| Percentage of activated emergencies[c] in which Public Health Services staff responded within 3 hours | 100 | 100 | 100 | 100 | 100 |
| **Efficiency:** | | | | | |
| Average cost of training per County employee participant ($) | 23 | 66 | 33 | 32 | 33 |
| **Workload/Outputs:** | | | | | |
| Number of Public Health Services/Emergency Management Group plans reviewed and updated[d] | 8 | 6 | 32 | 4 | 4 |
| Number of County employees who attended training | NA | 1,710 | 1,317 | 1,500 | 1,000 |
| Number of training sessions, exercises, and drills sponsored by Public Health Services | NA | 9 | 29 | 3 | 3 |
| Number of activated emergencies[c] involving Public Health Services staff | NA | 3 | 4 | TBD | TBD |
| Number of Hospital Collaborative[e] meetings held | 2 | 2 | 11 | 11 | 11 |
| Number of disaster plans reviewed during annual and quality assurance nursing home and domiciliary care facility inspections | NA | 58 | 61 | 57 | 57 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 524 | 1,250 | 1,638 | [f]1,364 | 1,364 |
| Workyears | 9.5 | 9.5 | 9.5 | 9.5 | 9.5 |

**Notes:**

[a]"Public Health Ready" is a collaborative activity between the National Association of County and City Health Officials and the Centers for Disease Control and Prevention to prepare staff of local government public health agencies to respond to and protect the public's health through a competency-based training and certification program.

[b]Includes community meetings and various media efforts. Residents may be reached more than once.

[c]An activated emergency is declared by the County's Chief Administrative Officer.

[d]Plans are reviewed based on the County's Emergency Operation Manual guidelines under the Basic Plan Annex. Emergency plans are developed in response to the County Emergency Operation Manual, the Maryland Emergency Management Agency, the Maryland Department of Health and Mental Hygiene, and the Centers for Disease Control. The plans are written by subcommittees of the County's Emergency Management Group and by departments. This measure encompasses plans included in the "Public Health Ready" document, which was developed during FY04. (Each section of "Public Health Ready" was counted as a plan, which accounts for the large number of plans reviewed and updted in FY05.)

[e]The Hospital Collaborative meets regularly to ensure that Montgomery County's hospitals are full participants in the planning and preparations for mass fatality and mass casualty events.

[f]Reflects a change in grant funding.

**EXPLANATION:**
The Department of Health and Human Services partners with the County's Chief Administrative Officer, the Montgomery County Homeland Security Department, and other County agencies in preparing for the mitigation and remediation of the results of natural and man-made disasters. Training, planning exercises, and actual events drive a constant cycle of analysis, new plans, and testing to improve the government's ability to assist County residents in the event of a disaster.

A major component of this program involves public health preparations, plans, and training to detect and respond to a bioterrorism threat or a natural biological agent. Public Health Services constantly monitors incidents to anticipate or react to threats to the public's health, and has entered into a collaborative pilot project called "Public Health Ready" which is sponsored by the Centers for Disease Control and Prevention and the National Association of County and City Health Officials. In February 2004, Public Health Services was one of only eleven public health agencies in the country to receive Public Health Ready certification. Public Health Services is now certified as ready to respond to public health emergencies. The basis for certification is a fully trained staff, a comprehensive emergency preparedness plan, and evidence that the staff have practiced the plan though drills and exercises. Participation in the training and exercises provides public health care providers with knowledge of current policies and procedures and the ability to describe and demonstrate their prescribed roles in the event of an emergency. Staff training, plan development at both the departmental and service area level, and testing of vaccination/dispensing plans were achieved during this time period.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Maryland Emergency Management Agency, Maryland Department of Health and Mental Hygiene, Maryland Institute for Emergency Medical Services System, Metropolitan Washington Council of Governments, District of Columbia Department of Health, Virginia Health Department, Montgomery County Homeland Security Department, other County departments and offices, Maryland Office of the Chief Medical Examiner, National Association of County and City Health Officials, Centers for Disease Control, Johns Hopkins University, local emergency planning commissions, local civilian and military hospitals.

**MAJOR RELATED PLANS AND GUIDELINES:** Federal Emergency Management Agency regulations and guidelines, Maryland Emergency Management Agency regulations and guidelines, Maryland Department of Health and Mental Hygiene regulations and guidelines, Metropolitan Washington Council of Governments planning guidance, Centers for Disease Control guidelines and protocols, Montgomery County Code, Montgomery County Emergency Operations Plan.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** School Health Services

**PROGRAM ELEMENT:** Case Management and Health Promotion

**PROGRAM MISSION:**

To assess, develop, and implement a plan of care to meet the health needs of students and provide health education and counseling for students, their families, and the school community to facilitate better management of health conditions

**COMMUNITY OUTCOMES SUPPORTED:**

- Children and adults who are physically and mentally healthy
- Individuals and families achieving their maximum possible level of self-sufficiency

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of pregnant teens with healthy birth weight babies[a] | 88 | 87 | 91 | 84 | 88 |
| Percentage of pregnant teens who enter care in the first trimester | 50 | 50 | 53 | 51 | 51 |
| Percentage of students with asthma medication in school who have an asthma health care plan | 21 | 50 | 69 | 75 | 85 |
| **Service Quality:** | | | | | |
| Percentage of asthma students with an asthma action/management plan completed | NA | NA | NA | TBD | TBD |
| **Efficiency:** | | | | | |
| Average high school community health nurse caseload for teen pregnancy case management (cases per nurse)[b] | 6 | 7 | 7 | 7 | 7 |
| **Workload/Outputs:** | | | | | |
| Number of pregnant teens case managed[a] | 106 | 131 | 143 | 138 | 123 |
| Number of babies born to case managed teens[a] | 45 | 56 | 68 | 71 | 61 |
| Number of healthy birth weight babies born to pregnant teens[a] | 40 | 49 | 62 | 53 | 50 |
| Number of pregnant teens entering care in the first trimester | 53 | 66 | 76 | 71 | 50 |
| Number of students with asthma medications in the health room and asthma action/management plans | 2,045 | 1,950 | 1,515 | 1,700 | 1,800 |
| Number of students identified with diabetes | NA | NA | 294 | 295 | 300 |
| Number of health promotion activities conducted | 2,217 | 1,975 | 2,067 | 1,981 | 2,000 |
| **Inputs:**[c] | | | | | |
| Expenditures ($000) | 2,722 | 3,308 | 3,320 | 3,785 | 3,785 |
| Workyears | 48.6 | 50.9 | 50.9 | 50.9 | 50.9 |

**Notes:**

[a]Healthy birth weight is defined as 5.5 pounds or greater at delivery. Results are based on the known birth weight data at the end of the school year.

[b]Community health nurses in high schools account for 17.4 workyears in teen pregnancy case management.

[c]It is estimated that 25 percent of the School Health Services budget is directed toward case management and health promotion activities. In FY03, a quality audit was performed which resulted in a reallocation of workyears and expenditures. Additional staff reallocations occurred for FY04.

**EXPLANATION:**

School Health Services staff have opportunities to provide health intervention and to teach healthy life choices to improve chances for academic success. Other opportunities are provided through nursing case management of high risk students and health promotion activities. School nurse interventions include teen pregnancy/parent support activities, Adults and Children Talking (AACT) groups, and asthma management.

The school nurses facilitate early entry of pregnant teens into prenatal care through interventions, referrals, and case management. Early interventions and problem identification can improve outcomes for mothers and their babies. In addition, the school nurses organize parent-child communication groups such as AACT to support families in establishing and maintaining open lines of communication and how to utilize and facilitate teachable moments with their children when dealing with issues such as teen pregnancy prevention, sexuality, education, and asthma management.

In 2002, the National Center for Health Statistics reported that 88.5 percent of U.S. teen mothers under 19 gave birth to babies with healthy birth weights. Teens case managed by school health nurses have consistently had comparable results. The Healthy People 2010 goal for healthy birth weight babies for the general population is 95 percent. Despite the increase in the number of new teen pregnancies case managed by school nurses in FY05, entry in the first trimester of care remained consistent, and the percentage of healthy birth weight babies improved by 4 percent.

According to the American Academy of Pediatrics, asthma is the most common chronic disease of childhood, affecting nearly one in thirteen school age children. These children experience more than three times the number of school absences of children without asthma, resulting in loss of learning opportunities and negative long-term consequences. Nurses work to improve students' asthma management and quality of life through individual contacts and in groups such as the Open Airways Program, a research-based asthma education program for students in grades 3-5. School health nurses emphasize the importance of developing and following an Asthma Action Plan (AAP), a tool that assists the student, family, and school staff to take appropriate actions in response to asthma symptoms and ultimately reduce school absenteeism and hospitalizations for children with asthma. Use of the AAP is recommended by the National Heart, Lung, and Blood Institute.

The incidence of diabetes, a medical condition which affects the body's ability to metabolize carbohydrates, is increasing. Students with diabetes require complex case management, including the establishment of an individual health care plan to provide for care during school hours. Possible interventions may include blood glucose and ketone monitoring/testing, insulin administration/monitoring and glucagon administration, and treatment of high and low blood sugar reactions.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Montgomery County Public Schools; Interagency Coalition on Adolescent Pregnancy; Collaboration Council for Children, Youth, and Families; Adventist Health Care; American Lung Association; Montgomery Asthma Improvement Resources Coalition; American Lung Association of Maryland; Holy Cross Hospital, Planned Parenthood of Metro Washington, Teen Connection of Takoma Park, Maryland State Department of Health and Mental Hygiene; Latino Health Initiative; African American Health Initiative.

**MAJOR RELATED PLANS AND GUIDELINES:** Maryland State Board of Nursing; COMAR for School Health Services; Maryland Department of Education and Montgomery County Public Schools requirements, guidelines, policies, and directives; Maryland Department of Health and Mental Hygiene and Montgomery County Department of Health and Human Services requirements, guidelines, policies, and directives, including the School Health Services' Manual; COMAR Health Start Case Management Guidelines; Montgomery AIR Strategic Plan; National Asthma Education and Prevention Program: Expert Panel Report 2.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** School Health Services

**PROGRAM ELEMENT:** Health Room Services

**PROGRAM MISSION:**
To assess the health needs of Montgomery County Public Schools (MCPS) students and provide high-quality health interventions to maximize students' availability to learn

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy
- Individuals and families achieving their maximum possible level of self-sufficiency
- Young people making smart choices

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of students returning to class after a health intervention | 89 | 89 | 89 | 87 | 89 |
| Percentage of students who have completed required immunizations | 99 | 99 | 99 | 99 | 99 |
| **Service Quality:** | | | | | |
| Percentage of surveyed MCPS teachers satisfied with health services[a] | NA | NA | 96 | NA | 96 |
| **Efficiency:** | | | | | |
| Average cost per health room visit ($)[b] | [c]7.15 | 5.94 | 8.33 | 8.16 | 8.16 |
| **Workload/Outputs:** | | | | | |
| Number of health room visits (000) | 794 | [d]777 | 786 | 780 | 796 |
| Number of times students were returned to class (000) | 710 | 663 | 700 | 665 | 678 |
| Number of immunization records reviewed | 43,401 | 53,924 | 50,657 | 54,000 | 55,080 |
| Number of students who have completed immunization requirements | 42,916 | 49,577 | 49,612 | 50,000 | 5,100 |
| Number of students in the process of completing immunization requirements | 485 | 703 | 616 | 800 | 816 |
| **Inputs:** | | | | | |
| Expenditures ($000) | [c]7,573 | 7,187 | 8,320 | 9,485 | [e]9,785 |
| Workyears | [c]127.0 | 128.4 | 133.0 | 136.0 | [e]140.8 |

**Notes:**

[a]The periodic survey of Montgomery County Public Schools teachers to determine their knowledge of available health room services and the responsiveness of School Health Services to the needs of their students and families will be conducted every other year beginning in FY05.

[b]Cost is calculated based on 75 percent of total Health Room Services expenditures.

[c]A quality audit performed in FY03 resulted in a reallocation of workyears and expenditures.

[d]The FY04 decline in health room visits is attributed to an increase in the number of students receiving single dose medications at home rather than having to visit the health room for mid-day medications.

[e]The additional funds and workyears for FY07 are to staff the five new schools and to provide summer school coverage.

**EXPLANATION:**
The School Health Services Program (SHS) responds to physical, emotional, psychological, and social problems among our school populations which, if left unaddressed, interfere with the primary mission of the school: education. The program includes the provision of emergency, injury, and sick care; administration of medication; and provision of treatments and procedures, including services to medically fragile students and others with chronic health conditions. In support of communicable disease prevention, SHS staff assure through record review, referral, and monitoring that Montgomery County Public Schools students are in compliance with State immunization law.

Services provided at the health room visit allow children to return to their classroom and to participate in learning activities. This investment also promotes the overall health of the community - eliminating health disparities and assuring that children and families access needed health and human services. The percentage of students returning to class after health intervention is consistently high, 89 percent in FY05.

Approximately 68 percent of the School Health Services' budget and workyears is directed toward delivering and supporting various health room services. Seventy-five percent of these health room services are related to the provision of emergency, injury, and sick care; administration of medication; and provision of treatments and procedures. The remainder goes toward record reviews, documentation, and follow-up related to immunization status and State compliance.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Montgomery County Public Schools, Head Start, Linkages to Learning, Interagency Coordinating Committee on Adolescent Pregnancy Prevention and Parenting, American Lung Association, Montgomery County Community Partnership, area hospitals, managed care organizations, health maintenance organizations, health care providers, commissions, standing and ad-hoc committees.

**MAJOR RELATED PLANS AND GUIDELINES:** U.S. Healthy People 2010; U.S. Department of Health and Human Services' Communicable Disease Center; Federal Occupational Safety and Health Administration; Maryland Occupational Safety and Health; Maryland State Board of Nursing; COMAR for School Health Services and Immunizations; Maryland State Department of Education and Montgomery County Public Schools requirements, guidelines, policies, and directives; Department of Health and Mental Hygiene and Montgomery County Department of Health and Human Services requirements, guidelines, policies, and directives, including the School Health Services' Manual.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** School Health Services

**PROGRAM ELEMENT:** Hearing, Vision, Scoliosis,[a] and Lead Screening

**PROGRAM MISSION:**
To detect and refer school-aged children who may have difficulty learning or functioning in school due to vision, hearing, scoliosis, or lead poisoning problems

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of students identified and referred for hearing problems | 2.0 | 2.0 | 2.5 | 2.0 | 2.5 |
| Percentage of students identified and referred for vision problems | 17 | 19 | 22 | 17 | 22 |
| Percentage of students who are referred to the Childhood Lead Program for follow-up | NA | NA | NA | TBD | TBD |
| Percentage of students identified and referred for scoliosis | 8 | 8 | 8 | 9 | 8 |
| **Service Quality:** | | | | | |
| Percentage of kindergarten, 4th, and 8th grade students screened for hearing and vision according to State regulations[b] | 98 | 98 | 99.5 | 98 | 98 |
| Percentage of special need pre-kindergarten, kindergarten, and first grade students without a lead certificate who are screened according to State regulations | NA | NA | NA | NA | TBD |
| Percentage of 7th grade students screened for scoliosis according to State regulations[b] | 87 | 91 | 90.4 | 84 | 86 |
| **Efficiency:** | | | | | |
| Average cost per hearing and vision screening ($) | [c]3.40 | 3.85 | 4.74 | 4.27 | 4.65 |
| Average cost per lead screening | NA | NA | NA | TBD | TBD |
| Average cost per scoliosis screening ($) | [c]5.04 | 5.43 | 5.12 | 5.85 | 5.60 |
| **Workload/Outputs:** | | | | | |
| Number of students screened for hearing | 39,711 | 43,027 | 40,647 | 43,611 | 40,952 |
| Number of students screened for vision | 43,871 | 47,232 | 40,667 | 47,731 | 44,818 |
| Number of students screened for scoliosis | 8,424 | 9,564 | 9,777 | 8,902 | 8,600 |
| Number of students identified and referred for a hearing problem | 833 | 973 | 1,050 | 984 | 990 |
| Number of students identified and referred for a vision problem | 7,535 | 8,814 | 8,944 | 8,458 | 8,498 |
| Number of students identified and referred for possible scoliosis | 691 | 750 | 315 | 758 | 750 |
| Number of lead screening letters distributed[c] | NA | NA | NA | TBD | TBD |
| Number of students without lead certificates[d] | NA | NA | NA | TBD | TBD |
| **Inputs:**[e] | | | | | |
| Expenditures ($000) | 327 | 399 | 425 | 484 | 484 |
| Workyears | 7.5 | 7.5 | 7.5 | 7.5 | 7.5 |

**Notes:**

[a]Scoliosis is a skeletal condition that results in curvature of the spine.

[b]There are no State standards for these percentages. Parents have the right to refuse screening, and children already receiving treatment are not screened. In addition, some children do not show up for screening (or for a subsequent re-screening), and some children refuse to be screened.

[c]Lead screening letters explain the State of Maryland blood lead testing regulations to the parents/guardians and the need to have the State Department of Health and Mental Hygiene Blood Lead Test Certificate completed upon entry to school for pre-kindergarten, kindergarten, and first grade students.

[d]The State of Maryland now requires that parents/guardians of all pre-kindergarten, kindergarten, and first grade students submit a Blood Lead Testing Certificate upon entry to school. This form certifies that either the child has never lived in an "at risk" ZIP code or - if the child has lived in an at-risk ZIP code - that the child has had a blood lead test.

[e]Three percent of the School Health Services budget is allocated toward provision of hearing, vision, scoliosis, and lead screening. Of this amount, 10 percent is dedicated to scoliosis, 10 percent to lead screening, and the remaining 80 percent is dedicated to hearing and vision screening. Funding for screenings is provided by the Department of Health and Human Services.

**EXPLANATION:**

The State of Maryland requires hearing and vision screening for all school-aged children in kindergarten, 4th, and 8th grades, as well as new entrants. When vision problems are not detected early, the overall development and learning potential of the child is affected. Researchers Joel Zaba and Roger Johnson have proven that undetected vision problems lead to more serious problems of low-self esteem, anti-social behavior, learning disabilities, delinquency, and peer problems. The American Speech and Language Hearing Association states that children who are diagnosed with hearing problems in grades 1-4 have lower achievement levels.

The State of Maryland requires that scoliosis screening be conducted on all students at least once between 6th through 8th grades. In Mongtomery County, screenings are conducted in the 7th grade. Initial screenings are performed by the Montgomery County Public Schools physical education departments in October and November of each school year. Re-screening is performed by a licensed physical therapist for students with suspect results on the initial screen and or who missed the initial screening. School community health nurses coordinate re-screens and case manage students who require further medical evaluation and/or treatment. (The legislation requiring scoliosis screening is being considered for repeal due to research which does not demonstrate the effectiveness on health outcomes from performing this screening on children in schools.)

The State of Maryland enacted new regulations in 2003 which require parents/guardians of all children in pre-kindergarten, kindergarten, and first grade to complete and submit a State Department of Health and Mental Hygiene Blood Lead Testing Certificate upon entry to school. The regulations were implemented during the 2003-4 school year. Lead poisoning can lead to learning disabilities, retardation, mental and physical illness, and death. Early screening of children provides the opportunity to identify children with elevated blood lead levels and refer them for treatment, and to provide preventive information to parents.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Montgomery County Public Schools, Lions Club, Lenscrafters.

**MAJOR RELATED PLANS AND GUIDELINES:** Maryland State Board of Nursing; COMAR for School Health Services; Maryland State Department of Education and Montgomery County Public Schools requirements, guidelines, policies, and directives; Maryland Department of Health and Mental Hygiene and Montgomery County Department of Health and Human Services requirements, guidelines, policies, and directives, including the School Health Services' Manual, Annotated Code of Maryland, Section 7-403 and Section 2-206.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** School Health Services

**PROGRAM ELEMENT:** School Based Health Centers

**PROGRAM MISSION:**
To provide preventative and/or acute health care services to enrolled children to reduce barriers to health care and learning and to foster healthy life-style behaviors

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of students enrolled in the School Based Health Center Program[a] | 89 | 90 | 96 | 90 | 90 |
| Percentage of enrolled students who receive sick and well services at School Based Health Centers | 43 | 42 | 37 | 42 | 42 |
| Percentage of uninsured and Care For Kids enrolled students who receive sick and well services at School Based Health Centers[b] | NA | NA | NA | NA | 75 |
| **Service Quality:** | | | | | |
| Percentage of Care for Kids School Based Health Center enrolled students having an annual comprehensive physical exam | NA | NA | 95 | 95 | 95 |
| Percentage of School Based Health Center enrollees diagnosed with moderate or severe asthma having a completed Asthma Action Plan | NA | NA | 99 | 99 | 99 |
| **Efficiency:** | | | | | |
| Average cost per visit ($) | 188 | 240 | 197 | 206 | 206 |
| **Workload/Outputs:** | | | | | |
| Total number of clients enrolled | NA | NA | NA | NA | 1500 |
| Number of visits for sick care services | 777 | 587 | 895 | 750 | 750 |
| Number of visits for well care services | 485 | 478 | 547 | 500 | 500 |
| Number of follow-up visits | 241 | 243 | 341 | 250 | 250 |
| Number of referrals | 142 | 190 | 343 | 200 | 200 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 283 | 314 | 314 | 352 | 352 |
| Workyears | 1.4 | 1.4 | 1.4 | 1.4 | 1.4 |

**Notes:**
[a]This percentage is based on student enrollment at the Broad Acres and Harmony Hills elementary schools.
[b]This number reflects access to care for Care For Kids and uninsured students who typically have the least access to care and are at the greatest risk for health disparities.

**EXPLANATION:**
School Based Health Centers (SBHCs) provide sick care, well care, medication, and treatment case management, as well as behavioral, social, and other human and educational services for students and families. SBHCs are located at the Broad Acres, Harmony Hills, and Gaithersburg elementary schools. Health and mental health professionals, school staff, and community partners work in collaboration to overcome socio-economic, language, transportation, and other barriers to accessing health care and to promote healthy life choices and academic success. They aggressively enroll students and families in the Maryland Children's Health Insurance Program (MCHP) and other health care coverage. Located in the heart of culturally diverse communities, SBHCs are convenient and staffed by professionals who are family friendly, culturally and language competent, and who reflect the diverse communities they serve.

SBHCs provide sick and well care to children enrolled in the Care for Kids program and those who are uninsured. For children enrolled in MCHP, the SBHCs provide sick care, case management, and coordination with providers to assure continuity of care for chronic illness and to maximize utilization of preventive health care. Preventative health care - well child visits - are a priority for SBHCs because they are known to be an indicator of wellness and are linked to reductions in emergency department visits and hospital admissions. The SBHC Multicultural Health Promoters Program targets the larger school community to promote healthy life choices. It recruits and trains community members to inform their neighbors and friends how to prevent and/or manage childhood obesity, asthma, tobacco use, and access to health care.

County funds are supplemented by a State grant which funds a nurse manager, portions of contracted health service providers (nurse practitioners and pediatricians), and operating costs. The FY04 decrease in the number of visits was due to a reduction in clinic hours reflecting an increase in provider cost. In FY06, there has been a reduction in utilization of the SBHC at Broad Acres Elementary School during the school's renovation. The Gaithersburg Elementary School Linkages to Learning SBHC opened in September, 2005. Expansion of SBHCs to four additional elementary schools is being studied: a feasibility study is being conducted at recommended sites during FY06.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Montgomery County Public Schools, Catholic University of America, Children's National Medical Center, Holy Cross Hospital, Linkages to Learning Resource Team, Mental Health Association, Silver Spring Youth Services, Collaboration Council, Primary Care Coalition.

**MAJOR RELATED PLANS AND GUIDELINES:** Maryland State Board of Nursing; COMAR for School Health Services; Maryland State Department of Education and Montgomery County Public Schools requirements, guidelines, policies, and directives; Maryland Department of Health and Mental Hygiene and Montgomery County Department of Health and Human Services requirements, guidelines, policies, and directives, including the School Health Services' Manual and the Maryland State Board of Nursing Nurse Practice Act.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** School Health Services

**PROGRAM ELEMENT:** School Health Services Center

**PROGRAM MISSION:**
To immunize school-aged children, to screen high-risk students for tuberculosis to protect them and the public from vaccine-preventable disease and tuberculosis, and to share child health program information with parents of uninsured children

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of new students needing and receiving immunizations[a] | 71 | 59 | 88 | 90 | 90 |
| Percentage of new students screened for tuberculosis[b] | 68 | 69 | 70 | 70 | 70 |
| Percentage of students receiving information regarding child health programs[c] | 16 | 10 | 22 | 10 | 20 |
| **Service Quality:** | | | | | |
| Percentage of clients satisfied with the services received | 99 | 99 | 99 | 99 | 99 |
| **Efficiency:** | | | | | |
| Average cost per client visit ($) | 18.58 | 21.34 | 20.65 | 20.56 | 20.56 |
| **Workload/Outputs:** | | | | | |
| Number of student immunization histories reviewed | 4,929 | 4,916 | 4,715 | 5,000 | 5,000 |
| Number of immunizations given | 12,953 | 14,413 | 14,628 | 14,000 | 15,000 |
| Number of tuberculosis screens | 3,362 | 3,409 | 3,282 | 3,300 | 3,300 |
| Number of MCHP/CFK applications given[d] | 304 | 483 | 960 | 500 | 1,000 |
| Number of client visits[e] | 12,349 | 12,042 | 11,896 | 12,500 | 12,500 |
| **Inputs:** | | | | | |
| Expenditures ($000)[f] | 229 | 257 | 257 | 296 | 296 |
| Workyears | 3.2 | 3.2 | 3.2 | 3.2 | 3.2 |

**Notes:**

[a]Reflects the percentage of students who need State required immunization or Centers for Communicable Disease Control recommended immunizations. All of these students are subsequently immunized by School Health Services Center staff.

[b]Reflects the percentage of students who come through the clinic (international non-citizen students who have not been in a U.S. school system more than two years, or others who have lived outside of the U.S. one year or more) who were in need of tuberculosis screening.

[c]This information is only given to students identified as uninsured.

[d]The Maryland Children's Health Plan (MCHP) and Care For Kids (CFK) are State and locally funded health coverage plans for uninsured children.

[e]The decreases in the number of visits through FY05 are related to changes in immigration trends after 9/11/01 and correspond to decreases at the International Students Admissions Office. The number of visits is expected to be up slightly in FY06 and FY07.

[f]It is estimated that two percent of the School Health Services budget is allocated to the School Health Services Center.

**EXPLANATION:**
The School Health Services Center, an adjunct to the enrollment process of the Montgomery County Public Schools' International Students Admissions Office, provides immunizations and tuberculosis screenings to international students enrolling in the public school system. Walk-in immunization services are provided to any school-aged residents of the County three mornings per week. Staff also provide parents of uninsured children with information on and assistance in applying for the Maryland Children's Health Program and the Care For Kids program.

This is a one-stop shop for international students which expeditiously determines and/or provides their residential, educational, and health requirements for entering the public school system. In addition, this service provides required immunizations to many of the County's other school-aged residents, thus facilitating their attendance at school.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Montgomery County Public Schools.

**MAJOR RELATED PLANS AND GUIDELINES:** Maryland State Board of Nursing; COMAR for School Health Services; Maryland State Department of Education and Montgomery County Public Schools requirements, guidelines, policies, and directives; Maryland Department of Health and Mental Hygiene and Montgomery County Department of Health and Human Services requirements, guidelines, policies, and directives, including the School Health Services' Manual and the Maryland State Board of Nursing Nurse Practice Act.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** STD/HIV Prevention and Treatment

**PROGRAM ELEMENT:** HIV Case Management

**PROGRAM MISSION:**
To provide case management services for eligible HIV-infected Montgomery County residents in order to reduce transmission of HIV

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of HIV infected adolescents and adults who receive testing, treatment, and prophylaxis consistent with current Public Health treatment guidelines | 100 | 100 | 100 | 100 | 100 |
| Percentage of clients who report medication adherence | 80 | 85 | 84 | 87 | 87 |
| Percentage of clients who keep their initial appointment[a] | 65 | 68 | 68 | 75 | 77 |
| **Service Quality:** | | | | | |
| Percentage of comprehensive-level[b] clients receiving the standard of one face-to-face contact per month | 100 | 100 | 100 | 100 | 100 |
| **Efficiency:** | | | | | |
| Average cost per client case-managed ($) | 2,708 | [c]2,947 | 2,805 | 2,174 | 2,174 |
| **Workload/Outputs:** | | | | | |
| Number of clients case-managed | 407 | 414 | 435 | 620 | 620 |
| Number of intake appointments for HIV care | 109 | 160 | 126 | 296 | 150 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 1,102 | 1,220 | 1,220 | [c]1,348 | 1,348 |
| Workyears | 12.4 | 12.4 | 12.4 | [c]13.0 | 13.0 |

**Notes:**

[a]Clients for whom a Diagnostic Evaluation Unit file was not subsequently opened either did not return for their intake interviews, failed to return with the necessary eligibility information, or moved.

[b]The comprehensive level of care requires a significant involvement in coordination of services for the client, family, and household members.

[c]One social worker will be added to prevent waiting lists and delays in services and to avoid possible hospitalizations.

**EXPLANATION:**

HIV Case Management provides comprehensive social work, substance abuse, mental health and entitlement services to persons living with HIV in Montgomery County. Program social workers assess individual client's needs at intake and coordinate a wide range of in-house and community resources to ensure that the client's needs are met. Cases are referred for case management to the Dennis Avenue Health Center by HIV/STD testing centers, physicians, hospitals, and other community service agencies, and by persons who have learned of the services from the Internet. An intake is completed that includes a psychosocial assessment, a plan of care, referrals to needed services, and a scheduled appointment for a physical examination, if desired. Anyone who lives in Montgomery County and is HIV positive can receive HIV/AIDS services at the Dennis Avenue Health Center, unless they have medical assistance.

HIV case management involves three levels of care: comprehensive, intermediate, and limited or one-time intervention. The comprehensive level of care involves problem solving with possible follow-up, with the expected duration of the client relationship to last as long as their program participation. The intermediate level of care includes minimal involvement in coordination of services to the client, family, and household members. Limited or one-time intervention consists of problem solving limited to resource identification; the case manager is involved in no more than two contacts.

Due to the closing of Whitman Walker Clinic of Suburban Maryland on August 31, 2005, this program has seen a dramatic increase in the number of HIV positive clients it serves. During the first half of FY06, the program saw an increase of 164 cases, which is reflected in the revised FY06 projections for intake appointments and clients case managed.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Whitman Walker Clinic, Montgomery Hospice, Visiting Nurses Association, State Department of Rehabilitation, pharmaceutical companies, Bradley Care Drugs, Statscript Pharmacy, Community Clinic Inc., Montgomery County Community Ministries, Montgomery County Community Partnership, Mobile Medical Care, Mobile Crisis Team, Primary Care Coalition, Recuperative Care Shelter, area hospitals and hospital out-patient clinics, area physicians, HIV Care Consortia, HIV/AIDS Community Coalition, Washington D.C. Metropolitan Planning Council Planning Committee for HIV/AIDS, social service agencies.

**MAJOR RELATED PLANS AND GUIDELINES:** Maryland AIDS Administration, Title I and Title II Funding Guidelines, COMAR regulations, CARES regulations, service eligibility guidelines, Centers for Disease Control, State of Maryland regulations, Maryland Department of Health and Mental Hygiene.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** STD/HIV Prevention and Treatment

**PROGRAM ELEMENT:** STD/HIV Clinical Services

**PROGRAM MISSION:**
To provide comprehensive services including HIV/STD testing, partner notification, diagnosis, counseling, and treatment for Montgomery County residents in order to reduce the transmission of sexually transmitted diseases (STDs)

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Rate of reportable STDs in Montgomery County per 100,000 population[a] | NA | 142 | 126 | 140 | 141 |
| **Service Quality:** | | | | | |
| Percentage of STD patients tested for HIV | 79 | 84 | 74 | 80 | 84 |
| Percentage of STD clients returning for post-test HIV results | 54 | 60 | 67 | 65 | 70 |
| Percentage of STD clients satisfied with service[b] | 95 | 90 | 90 | 95 | 95 |
| **Efficiency:** | | | | | |
| Average cost per STD client ($) | 232 | 470 | 378 | 502 | 440 |
| **Workload/Outputs:** | | | | | |
| Total number of clients | 7,929 | 6,082 | 7,555 | 6,500 | 7,000 |
| Number of STD clients assessed | 2,274 | 3,161 | 3,304 | 3,300 | 3,300 |
| Number of HIV counseling and testing clients assessed (all sources) | 3,655 | 3,501 | 4,251 | 4,000 | 4,100 |
| Number of STD and HIV investigations conducted | 555 | 549 | 508 | 575 | 600 |
| Number of STD clients tested for HIV | 1,811 | 2,285 | 2,458 | 2,500 | 2,500 |
| Number of STD clients who returned for post-test HIV results | 969 | 1,371 | 1,377 | 1,400 | 1,500 |
| Number of people reached in HIV/STD presentations | 1,580 | 410 | 411 | 700 | 700 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 1,838 | 2,860 | 2,860 | [c]3,260 | 3,260 |
| Workyears | 19.8 | 20.5 | 20.5 | [c]22.6 | 22.6 |

**Notes:**

[a]This measure was changed to reflect calendar year data beginning in FY04.

[b]Satisfaction surveys are being used in STD and Counseling and Testing Services clinics.

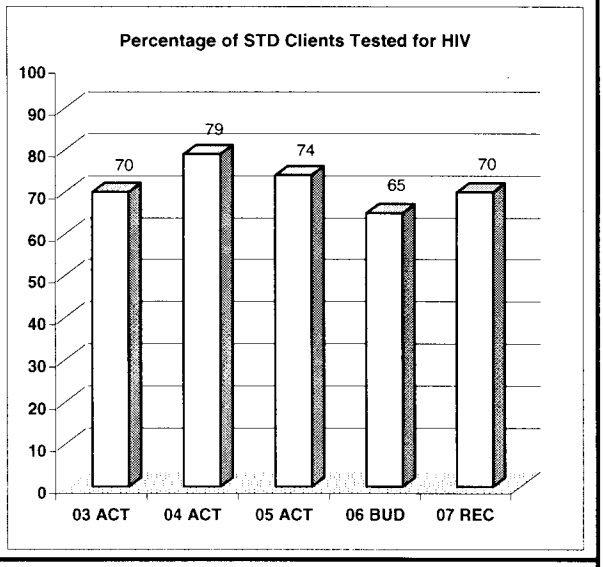
[c]Reflects a reallocation of workyears.

**EXPLANATION:**

STD/HIV Clinical Services provides diagnosis, treatment, contact tracing, and partner notification to persons affected by sexually transmited diseases in Montgomery County. This unit also provides anonymous and confidential HIV counseling, testing, support, and referral.

Most reportable sexually transmitted diseases (STDs) have increased in the nation and the County. Montgomery County is third in the State, behind Baltimore City and Prince George's County, in overall STD reports and in the incidence of HIV counseling and testing. In 2004, the State Health Department reported 1,351 cases in Montgomery County; in 2005, there were 1,199 reportable STD's in the County.

Montgomery County's program differs from programs in other Maryland counties in that it offers anonymous and confidential HIV testing and a full service STD clinic with staff cross-trained in both disciplines. Since November 2003, the one hour ORAQUICK HIV test has been offered in the County's HIV testing facility. In FY06, implementation of the Centers for Disease Control mandate for prevention for HIV/AIDS positives will continue at the Department of Corrections. This initiative is designed to prevent new infections by working with persons diagnosed with HIV and their partners.




**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Department of Health and Mental Hygiene, Montgomery County Public Schools, Centers for Disease Control, all local health departments, public and private physicians and hospitals, local health maintenance organizations.

**MAJOR RELATED PLANS AND GUIDELINES:** COMAR regulations, Centers for Disease Control guidelines, State STD and CTS policy and procedures manual.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:**
STD/HIV Prevention and Treatment; Dental Services

**PROGRAM ELEMENT:**
Dental Services for HIV Persons

**PROGRAM MISSION:**
To ensure access to preventive education and dental treatment services for eligible HIV infected persons from five suburban Maryland counties (Montgomery, Prince George's, Frederick, Calvert, and Charles) in order to reduce the impact of HIV/AIDS-related oral health problems on total health[a]

**COMMUNITY OUTCOMES SUPPORTED:**
- Adults and children who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Number of HIV clinic patients from the five surrounding counties accessing the oral health program | [b]246 | 284 | 285 | 350 | 250 |
| **Service Quality:** | | | | | |
| Percentage of surveyed clients reporting satisfaction with services | 100 | 77 | 95 | 85 | 85 |
| **Efficiency:** | | | | | |
| Average cost per client ($) | 1,210 | 1,311 | 1,429 | 994 | 1,160 |
| **Workload/Outputs:** | | | | | |
| Number of clients screened and referred | [b]138 | 132 | 121 | 175 | 150 |
| Number of client visits | [b]818 | 780 | 729 | 1,000 | 800 |
| **Inputs:** | | | | | |
| Expenditures ($000)[a] | 167 | [c]173 | 173 | 174 | 174 |
| Workyears | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 |

**Notes:**

[a]This is a five county program (Montgomery, Prince George's, Frederick, Calvert, and Charles counties), completely grant funded under Federal and State Title I and Title II Ryan White Funds. No County funds are directed to this program.

[b]The Prince George's County dental clinic was closed during all of FY03, limiting services to one site in Montgomery County. No FY03 and FY04 expansion grant funding was awarded.

[c]A quality audit conducted in FY04 resulted in a reallocation of expenditures.

**EXPLANATION:**
In January 1992, under the auspices of the Center for Dental Health and Education, Montgomery County expanded its HIV dental component into a regional dental program designed to provide dental assessments, oral health education, therapeutic dental services, and technical support to HIV/AIDS populations from six Maryland counties. Funding was limited and, as a result of cost-effective planning under the Maryland Suburban Ryan White Alliance, Prince George's County and Montgomery County agreed to implement dental funding under a single administrative agency and to provide a shared dental facility for clients from regional county programs. The program currently serves five counties and provides dental care in two clinics dedicated to HIV services.

According to the recent Surgeon General's Oral Health Report, persons afflicted with HIV disease or AIDS are among the many unserved or underserved populations who continue to experience barriers in trying to access services. Throughout the course of the disease, collaborative case management is needed between medical and dental treatment in order to optimize treatment outcomes. Due to the threat of oral manifestations associated with HIV disease in its earliest stages, preventive education and treatment should be the primary intervention strategy for clients.

The program is grant funded on a two-year renewal cycle. The program has had level funding for the last two renewal cycles (four years). Due to increasing operational costs, there is no opportunity to increase professional hours other than through volunteer professionals. Therefore, the projected case rate will remain at a maximum of 250 clients into the new FY05 - 06 grant cycle.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Washington Hospital Center, Howard University, health departments and HIV programs from five Maryland counties, over 30 agencies from the Maryland Suburban Ryan White Alliance Network, Persons Living with AIDS, Maryland Department of Health and Mental Hygiene.

**MAJOR RELATED PLANS AND GUIDELINES:** Department of Health and Human Services Center for Dental Health and Education, Maryland Suburban Ryan White Alliance Standards of Care, Maryland Department of Health and Mental Hygiene, Maryland Occupational Safety and Health Administration, Human Resource Services Administration.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:**
Tuberculosis Services

**PROGRAM ELEMENT:**
Refugee and Migrant Workers Health Assessment

**PROGRAM MISSION:**
To provide and assure that newly arrived refugees receive comprehensive health assessment and disease intervention to promote their health status and to ensure a good acculturation process and self-sufficiency

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

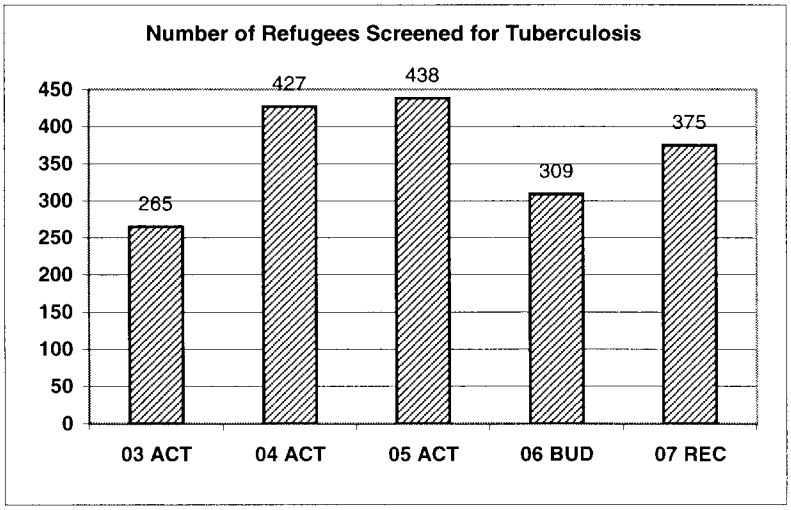
| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of refugees receiving health assessment | 95 | 95 | 100 | 95 | 95 |
| Percentage of refugees referred and linked with a health care provider for acute or chronic conditions | 17 | 13 | 22 | 20 | 25 |
| **Service Quality:** | | | | | |
| Percentage of refugees screened for TB within two weeks of arrival | 95 | 95 | 95 | 95 | 95 |
| **Efficiency:** | | | | | |
| Average cost per comprehensive health screening ($) | 996 | [a]628 | 611 | 1,032 | 851 |
| **Workload/Outputs:** | | | | | |
| Number of refugees receiving health assessments | 265 | 427 | 438 | 309 | 375 |
| Number of refugees referred and linked for acute or chronic conditions | 44 | 55 | 98 | 60 | 68 |
| Number of refugees screened for TB | 265 | 427 | 438 | 309 | 375 |
| Number of refugees screened for hepatitis B | 123 | 196 | 237 | 160 | 200 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 264 | [a]268 | 268 | 319 | 319 |
| Workyears | 3.6 | [a]3.3 | 3.3 | 3.3 | 3.3 |

**Notes:**

[a]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

**EXPLANATION:**
The Refugee Health Program ensures that refugees arriving in Montgomery County receive appropriate health screening and referral for acute or chronic conditions. Clients are screened for tuberculosis, HIV/STD, hepatitis B and C, ova, and parasites. Clinic staff are multilingual and multicultural, which enhances the safe delivery of services as they assist the newcomers in the acculturation process.

There was a decrease in the number of refugees and asylees screened in the first half of FY06 compared to FY05. This is possibly due to the decrease in immigration nationwide.




**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Centers for Disease Control, Maryland Department of Health and Mental Hygiene, Office of Refugee Resettlement, Maryland Office of New Americans.

**MAJOR RELATED PLANS AND GUIDELINES:** Federal Refugee Act, Centers for Disease Control and Maryland Department of Health and Mental Hygiene guidelines.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Tuberculosis Services

**PROGRAM ELEMENT:** TB Outreach Case Management

**PROGRAM MISSION:**
To protect the community from the spread of infectious tuberculosis through active surveillance, early identification, and prompt initiation of treatment

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Rate of tuberculosis cases per 100,000 population | 9.0 | 9.2 | 10.0 | 7.9 | 8.5 |
| Percentage of active TB cases receiving treatment under Directly Observed Therapy (DOT)[a] | 95 | 89 | 95 | 95 | 95 |
| Percentage of active TB cases completing treatment under DOT | 100 | 90 | 98 | 100 | 100 |
| **Service Quality:** | | | | | |
| Percentage of at-risk persons evaluated during a contact investigation[b] | 90 | 90 | 95 | 90 | 90 |
| Percentage of high-risk contacts completing treatment for latent TB infection[c] | NA | NA | 70 | 85 | 80 |
| Percentage of clients reporting satisfaction with the services provided | 95 | 95 | 95 | 95 | 95 |
| **Efficiency:** | | | | | |
| Average cost per screening and treatment ($) | 99 | 164 | 156 | 199 | 211 |
| **Workload/Outputs:** | | | | | |
| Number of clients referred to the program | 10,104 | 7,491 | 7,844 | 7,492 | 7,000 |
| Number of clients diagnosed with TB | 80 | 81 | 93 | 79 | 82 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 999 | [d]1,229 | 1,229 | [e]1,482 | 1,482 |
| Workyears | 13.9 | [d]14.9 | 14.9 | [e]16.5 | 16.5 |

**Notes:**

[a]Directly Observed Therapy is a method in which every dose of anti-tuberculosis medication taken by the patient is directly supervised by the health care worker.

[b]A "contact investigation" is a procedure to identify/evaluate people exposed to an infectious case of TB and provide correct medical intervention.

[c]"High-risk contacts" are defined as individuals ages 0-18 who have weakened immune systems or who have other chronic conditions and recent positive tuberculin skin test results.

[d]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

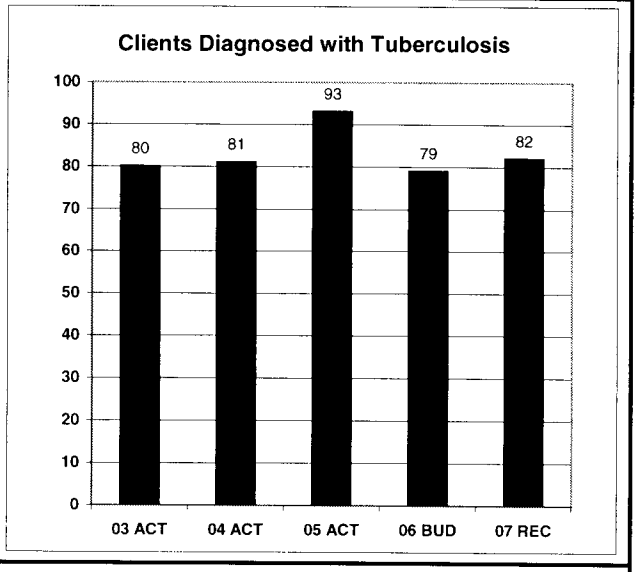
[e]The increase reflects enhanced staffing to address the problem of clients not taking medications regularly and to improve contact investigation.

**EXPLANATION:**

TB program objectives are mandated by Federal and State guidelines. The TB Control Program protects the public health by maintaining constant surveillance, early identification, and prompt treatment using Directly Observed Therapy (DOT) of TB suspects/cases. Contact with active cases is evaluated promptly, and appropriate follow-up measures are initiated. Completion of treatment for latent TB infection continues to be a major public health challenge nationwide. Therefore, new strategies are being implemented to help clients complete this lengthy preventive treatment, thereby minimizing the risk of clients developing active tuberculosis in the future.

The program targets high-risk individuals in the Montgomery County Correctional Facility, drug and HIV treatment, and the foreign-born for active cases of TB (on average, 95 percent of the cases are found among these populations). Educational programs are provided to increase public awareness of TB.

The FY04 decrease in the number of clients referred may be attributed to a change in TB work/school protocols: repeat chest x-rays are not recommended for individuals documented with a positive tuberculin skin test, negative chest x-ray, and negative symptoms of tuberculosis. Also, there were fewer large scale contact investigations. In FY05, there was a 4.7% increase in the number of clients referred and a 14.8% increase in the number of clients diagnosed with TB.




**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Centers for Disease Control, Maryland Department of Health and Mental Hygiene, hospitals, School Health, criminal justice system, Drug Treatment Center, Metropolitan Council of Governments.

**MAJOR RELATED PLANS AND GUIDELINES:** Occupational Safety and Health Administration, Maryland Occupational Safety and Health, Centers for Disease Control, National Institute of Occupational Safety and Health, Maryland Department of Health and Mental Hygiene, COMAR, local guidelines.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Women's Health Services

**PROGRAM ELEMENT:** Maternity Program Partnership

**PROGRAM MISSION:**
To assure access to and the provision of prenatal health care services for low-income Montgomery County women of childbearing years

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of healthy birth weight babies[a] born to enrolled pregnant women | 96 | 97 | 94 | 96 | 96 |
| Percentage of clients enrolled for care in the first trimester of pregnancy | 26 | 31 | 33 | 33 | 33 |
| **Service Quality:** | | | | | |
| Percentage of clients satisfied with care | NA | 96 | 95 | 96 | 95 |
| **Efficiency:** | | | | | |
| Average cost per pregnant woman enrolled for prenatal care and delivery ($) | 779 | 825 | [b]1,091 | [b]1,141 | 1,182 |
| **Workload/Outputs:** | | | | | |
| Number of pregnant women enrolled for maternity care | 1,431 | 1,596 | 1,798 | 1,779 | 1,929 |
| Number of pregnant women enrolled for care in the first trimester of pregnancy | 367 | 495 | 587 | 579 | 626 |
| Number of enrolled pregnant women who deliver | 1,172 | 1,406 | 1,478 | 1,462 | 1,581 |
| Number of babies born with a healthy birth weight | 1,125 | 1,360 | 1,385 | 1,400 | 1,400 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 1,115 | 1,317 | 1,963 | 2,031 | 2,280 |
| Workyears | 4.5 | 4.5 | 4.5 | 6.8 | 7.4 |

**Notes:**
[a]Healthy birth weight is a baby weighing more than 2,500 grams (about 5.5 pounds).
[b]The cost to provide services has increased.

**EXPLANATION:**
The Maternity Program Partnership, which was fully implemented in September 1999, is composed of two components. The Department of Health and Human Services-Holy Cross Hospital Maternity Program Partnership provides low-income, uninsured women access to comprehensive clinical obstetric services through a multi-disciplinary public-private partnership with Holy Cross Hospital and the Department of Health and Human Services' Project Deliver Program. The program also provides reimbursement and medical malpractice coverage for private sector obstetricians and gynecologists for labor and delivery services at Holy Cross Hospital.

Scientific analysis has found a strong association between early and continuous prenatal care and improvement in pregnancy outcomes. Studies evaluating the impact of prenatal care on neonatal morbidity found low birth weight, premature rupture of the membranes, pre-term delivery, and intensive care nursery admissions more likely in women who received little or no prenatal care than in those who received prenatal care. It is estimated that for each dollar spent on prenatal care for this population, $53.66 was saved in hospital charges. Regardless of socio-economic status, women who fail to get early, regular, comprehensive prenatal care are at greater risk for having a low birth weight baby.

The percentage of healthy birth weight babies among the population served by this program was 94 percent in FY05, and the number of babies born with a healthy birth weight increased by 330 that year. Enrollment in the program rose by 202 in FY05, while the percentage of clients entering care in their first trimester increased to 33%. For FY07, the County Executive is recommending funds to serve an additional 150 pregnant women.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Community and School Health Services; Communicable Disease and Epidemiology; Holy Cross Hospital; Crittenton Services; Barwood and Regency cab companies; Department of Health and Mental Hygiene's Center for Maternal and Child Health; Planned Parenthood; Women, Infants, and Children Program.

**MAJOR RELATED PLANS AND GUIDELINES:** American College of Obstetrics and Gynecology standards and guidelines, Centers for Disease Control, Food and Drug Administration (radiology standards), Department of Health and Mental Hygiene Maternal Health Clinical Guidelines, Holy Cross Hospital Clinical Pathways for Maternal Health, Healthy Start Reference Manual, Centers for Medicare and Medicaid Services.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Women's Health Services

**PROGRAM ELEMENT:** Reproductive/GYN Health Services

**PROGRAM MISSION:**
To assure access to reproductive health/gynecological services for indigent women of childbearing age through contractual agreements with community partners

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Percentage of indigent women of childbearing age receiving services[a] | 8 | 6 | 8 | 9 | 8 |
| **Service Quality:** | | | | | |
| Percentage of clients receiving an appointment within 30 days of their initial referral | 90 | 100 | 100 | 100 | 100 |
| **Efficiency:** | | | | | |
| Annual cost per client for comprehensive services ($) | 141 | 182 | 148 | 137 | 137 |
| **Workload/Outputs:** | | | | | |
| Number of family planning visits | 5,301 | 3,957 | 4,607 | 4,508 | 4,600 |
| Number of women enrolled | 2,476 | 3,150 | 2,697 | 3,000 | 3,000 |
| Number of women having at least one visit during the fiscal year | 2,900 | 2,196 | 2,697 | 3,000 | 2,695 |
| **Inputs:** | | | | | |
| Expenditures ($000) | 409 | [b]400 | 400 | 411 | 411 |
| Workyears | 1.0 | [b]0.9 | 0.9 | 0.9 | 0.9 |

**Notes:**

[a]The Census 2003 survey by the Maryland-National Capital Park and Planning Commission, Research and Technology Center, estimates that the number of eligible women of childbearing age in Montgomery County is 36,880 (using Federal regulations and Department of Health and Human Services program poverty guidelines of 250 percent of the Federal Poverty Level).

[b]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

**EXPLANATION:**
The County provides comprehensive reproductive health and gynecological services for uninsured, indigent women with incomes up to 250 percent of the Federal Poverty Level through contractual agreements with community providers. County funding is supplemented through a State Reproductive Health Title X grant. Providers have cultural and linguistic capacity. Eligible clients are referred to the State's Breast and Cervical Cancer Diagnosis and Treatment Program as appropriate for gynecological consultative services. County Maternity Program Partnership clients enrolled for prenatal care are referred into reproductive health care/gynecological services after their postpartum appointment. Teens constitute 20 percent of the total reproductive health enrollment. Arrangements continue for fast-track referrals from the County's Sexually Transmitted Disease clinics into family planning services after treatment. In addition, through the Improved Pregnancy Outcome grant and the combined Reproductive Health/Family Planning grant, the County has specifically targeted perinatal partnerships and quality assurance standards/credentialing. These efforts have included community and provider education, public awareness activities, and continued network development. This comprehensive approach is designed to reduce unintended pregnancy, improve pregnancy outcomes, and improve the health of adolescents and other high-risk groups.

In FY05, the number of family planning visits and women enrolled decreased by 15% from FY04, attributable to the increased co-payment for women with incomes above 100 percent of the Federal Poverty Level. In FY06, greater efforts are planned to reach those adolescents at risk for teenage pregnancy, particularly those not enrolled in school and teens living in poverty. Another outreach activity will be to develop and print family planning/reproductive health flyers in both English and Spanish.

**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Community Health, School Health, and Communicable Disease and Epidemiology programs; Planned Parenthood of Metropolitan Washington, Inc., Department of Health and Mental Hygiene's Center for Maternal and Child Health.

**MAJOR RELATED PLANS AND GUIDELINES:** American College of Obstetricians and Gynecologists standards and guidelines, Centers for Disease Control, State Department of Health and Mental Hygiene's Family Planning Clinical and Administrative guidelines, Contraceptive Technology.

# HEALTH AND HUMAN SERVICES
## Public Health Services

**PROGRAM:** Women's Health Services

**PROGRAM ELEMENT:** Women's Cancer Control Program

**PROGRAM ELEMENT MISSION:**
To reduce mortality rates through early detection and linkage to follow-up care

**COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY03 ACTUAL | FY04 ACTUAL | FY05 ACTUAL | FY06 BUDGET | FY07 CE REC |
|---|---|---|---|---|---|
| **Outcomes/Results:** | | | | | |
| Total number of cancers detected | 17 | 15 | 11 | 15 | 15 |
| Number of cancers detected in early stages | 14 | 14 | 10 | 10 | 12 |
| Percentage of breast cancers detected in early stages | 76 | 93 | 91 | 90 | 90 |
| **Service Quality:** | | | | | |
| Percentage of women satisfied or very satisfied with treatment program services | 100 | 100 | 100 | 100 | 100 |
| Percentage of women retained for annual routine screening | 68 | 76 | 82 | 75 | 75 |
| **Efficiency:** | | | | | |
| Average cost per screening ($) | 299 | 324 | 371 | 441 | 420 |
| **Workload/Outputs:** | | | | | |
| Number of women screened | 2,620 | 2,320 | 2,029 | 2,000 | 2,100 |
| Number of women returning for annual routine screening | 1,782 | 1,763 | 1,669 | 1,500 | 1,600 |
| Number of women with abnormal findings[a] who are case managed | 650 | 580 | 407 | 500 | 500 |
| **Inputs:** | | | | | |
| Expenditures ($000)[b] | 783 | [c]753 | 753 | 881 | 881 |
| Workyears | 7.0 | [c]6.5 | 6.5 | 6.5 | 6.5 |

**Notes:**

[a]Abnormal findings include suspected cancers and/or actual cancer.

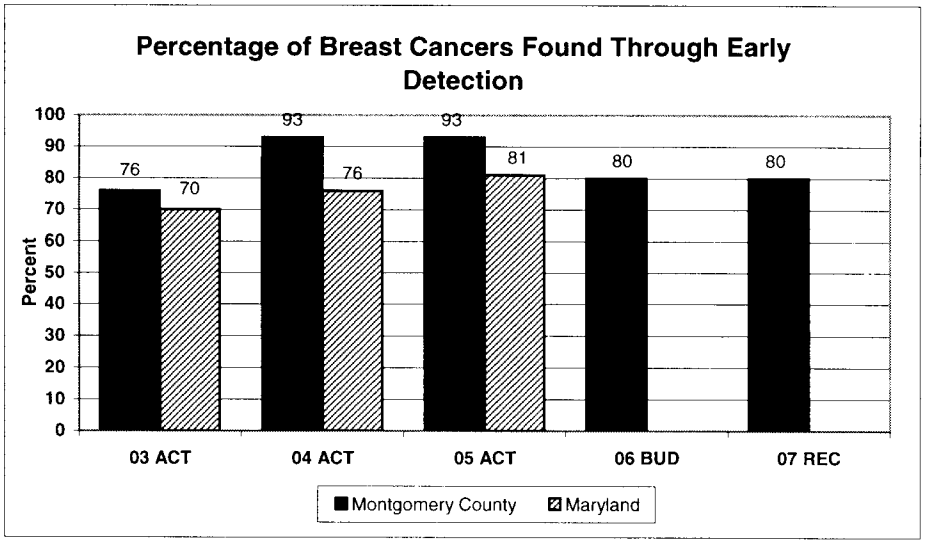
[b]This program is 100 percent grant funded.

[c]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

**EXPLANATION:**

Women's Cancer Control provides breast cancer screening services to women between 40 and 49 years of age, and breast and cervical cancer screenings to women 50 and over who are uninsured and whose income is below 250 percent of the Federal Poverty Level. These services are offered to reduce mortality rates through early detection and linkage to follow-up care.

Montgomery County breast cancer cases detected through early screening as a result of the breast cancer screening program have consistently been comparable to State of Maryland results. The percentage of cancers found through early detection will increase as more women are screened on an annual basis.




**PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:** Washington Adventist, Holy Cross, Shady Grove Adventist, and Suburban hospitals; Spanish Catholic Clinic; Proyecto Salud; American Cancer Society; physicians; radiology facilities; Centers for Disease Control; Maryland Department of Health and Mental Hygiene.

**MAJOR RELATED PLANS AND GUIDELINES:** Centers for Disease Control, State regulations, American College of Obstetricians and Gynecologists, Food and Drug Administration (radiology standards), Clinical Laboratory Improvement Amendments (CLIA).